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Vol. X July, 1920 No.

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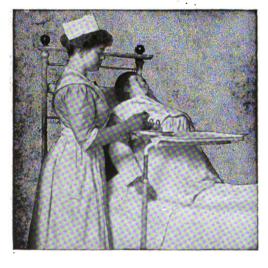
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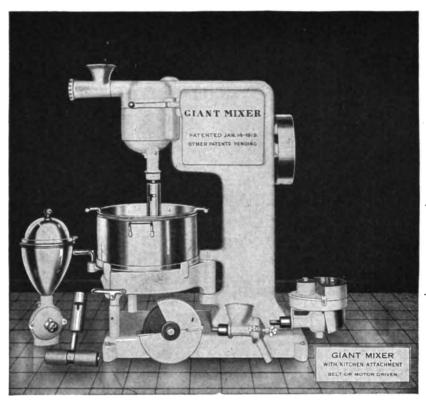
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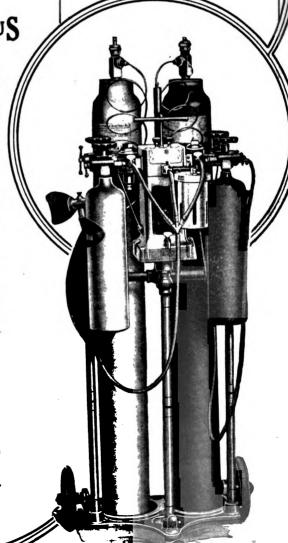
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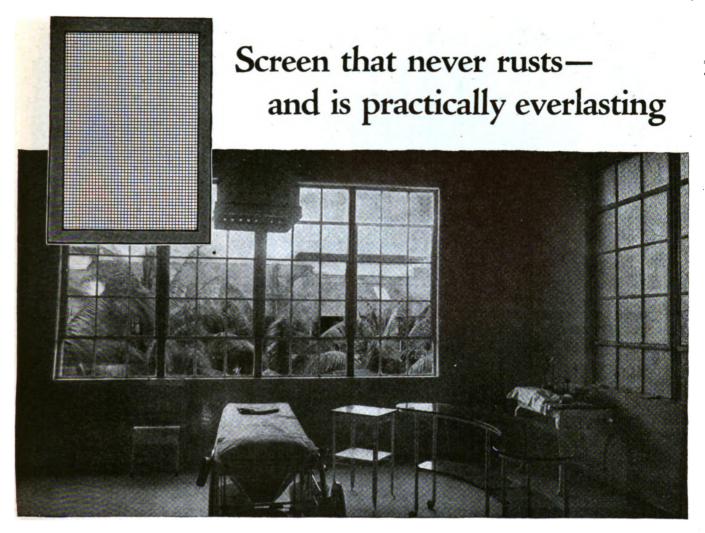
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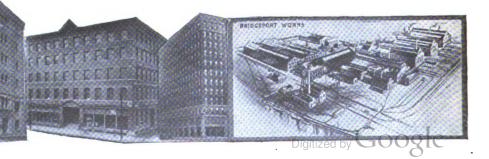
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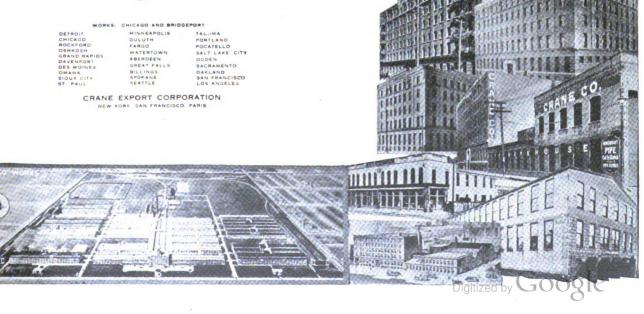
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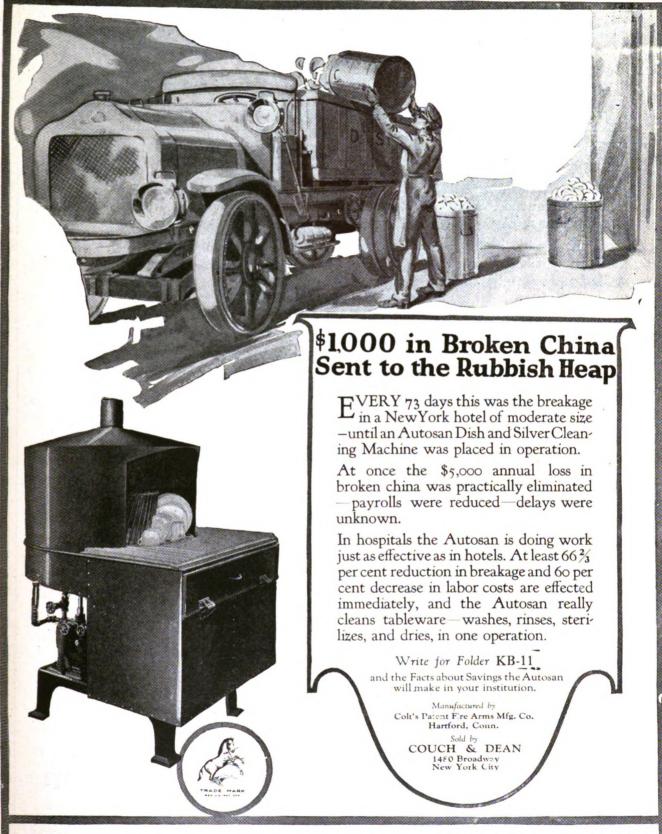
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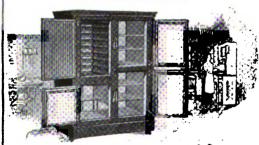


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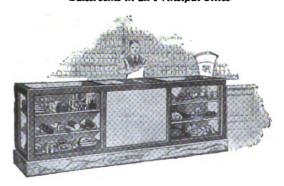
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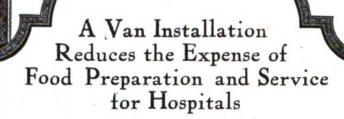
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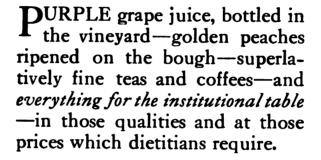














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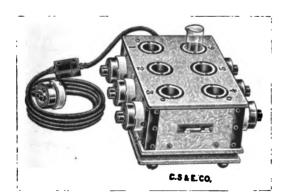
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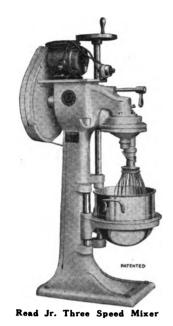
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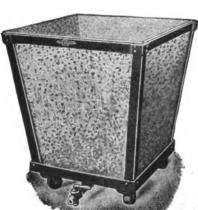
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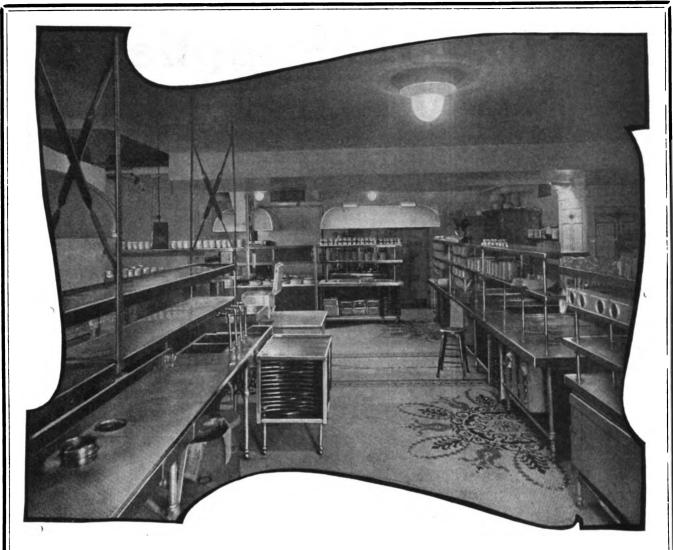
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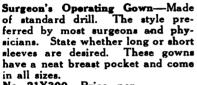
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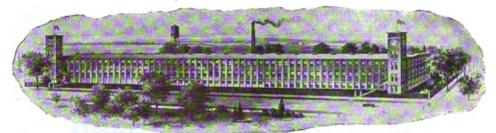
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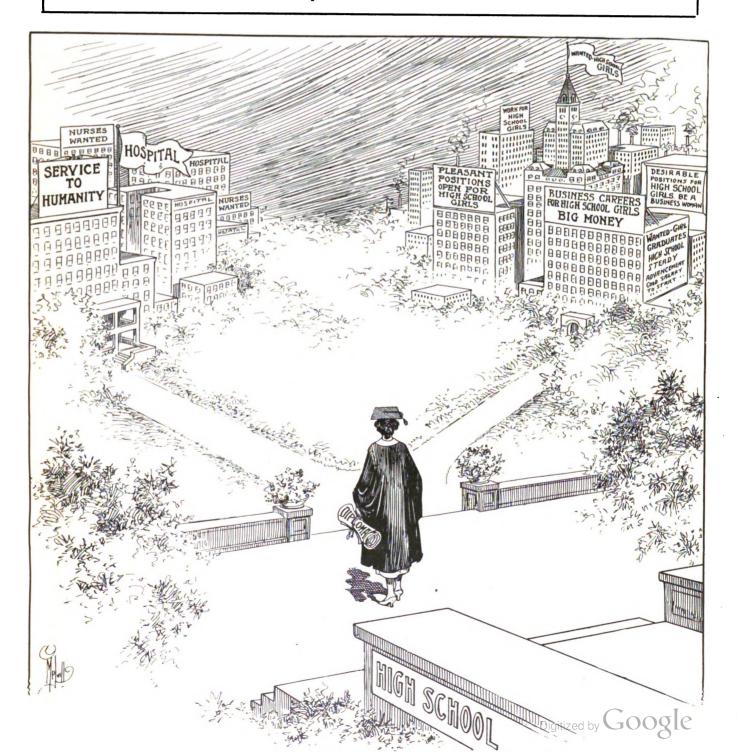
Vol. X, No. 1 July, 1920

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Help Her to Decide



800 Attend Catholic Hospital Convention

Splendid Gathering at St. Paul Hears Practical Discussions of Many Phases of Hospital Activity

The fifth annual convention of the Catholic Hospital Association of the United States and Canada, held at St. Paul June 22, 23 and 24, was interesting and extremely well attended. Probably 800 persons were present. The re-election of the entire staff of officers, headed by Rev. Charles B. Moulinier, S. J., was a tribute to the ability with which the affairs of the organization have been administered.

The meetings were held at St. Thomas College, where an ample auditorium was available for the general sessions, with many smaller rooms for the separate conferences and committee meetings; and the commercial exhibitors, who were numerous, had the advantage of space in the school armory, immediately adjoining. The authorities at St. Thomas, as well as at other Catholic institutions in St. Paul, provided splendid care for the visiting sisters.

Entertainment features included a concert on Tuesday evening, June 22, followed by moving pictures; a luncheon on the following day at the Town and Country Club for the numerous visiting medical men, with an automobile ride later for all visitors and a band concert in the evening, and more motor rides and music on Thursday. The visit arranged on Friday to St. Mary's Hospital, Minneapolis, for a demonstration of the use of local anesthesia in surgery by Dr. R. E. Farr, was, of course, more in the nature of special and highly valuable instruction than of entertainment, although the nearly 200 who attended were also generously entertained at St. Mary's.

The work of the convention was begun, with mass and sermon by Most Rev. Austin Dowling, D. D., Archbishop of St. Paul, at the cathedral of SS. Peter and Paul. Dr. Elias Potter Lyon, dean of the medical school of the University of Minnesota, delivered an address of welcome at 11 o'clock. Archbishop Sebastian G. Messmer, honorary president of the organization, was unable to attend, and Rt. Rev. Joseph Schrembs, D. D., Bishop of Toledo, in his stead, complimented the members of the association on their splendid work.

Rev. Charles B. Moulinier, president, deferred his address until the afternoon, and the final talk of the mornning session was by H. J. O'Brien, M. D., St. Paul, who in a dual capacity of host and a medical member, spoke on behalf of medical men attending.

Telegrams of regret from John G. Bowman, Ph. D., director, American College of Surgeons, and Dr. William Mayo, who were unable to be present, were read as the afternoon program began.

Father Moulinier began his presidential address by calling attention to the slogans which have featured previous meetings of the Catholic Hospital Association, and said that the keynote of activity for 1920 was "progress in standardization." He emphasized efficient staff organization, complete records of patients and adequate laboratory service as essential to standardization.

The speaker also asked the earnest co-operation of all members in the publication of "Hospital Progress," the

official organ of the Association, recently established, and he credited Dr. Bernard F. McGrath, Milwaukee, secretary and treasurer of the association, with being the originator of the idea of the magazine.

Referring again to the subject of standardization, Father Moulinier declared that this movement is not an attempt to curtail rights of a hospital or interfere in any way, but it is merely the carrying out of an ideal based on the thought of giving every human being the best possible medical care. He said nearly all Catholic hospitals are putting into practice the minimum standards and many are going further.

The speaker defined a Sisters' hospital as "an institution conducted by religious Sisters of the Catholic Church, manned by an organized group of skilled and conscientious members of the medical profession, served by an organized unit of devoted nurses, all of whom are cooperating in the service of every patient by the use of every modern equipment, ending in a complete record, carefully filed, of all that was done for a patient."

MODEL STAFF MEETING DESCRIBED

Frank Dorner Jennings, M. D., of St. Catherine's Hospital, Brooklyn, N. Y., which has done some remarkable things in the achievement of every detail of the standardization program, outlined in "A Model Staff Meeting" as held at St. Catherine's how some of the work is done. Dr. Jennings told of the success which has been met with in securing not only the attendance, but the enthusiastic participation in staff meetings, of the medical men on the staff, with the result that they have become remarkably interesting and valuable from every standpoint.

Dr. Carroll, of Rochester, Minn., followed Dr. Jennings with some remarks on the organization of the hospital. He emphasized the necessity of care in the selection of executives and department heads and giving them complete control of their departments.

John A. Hornsby, M. D., was absent because of illness. He was to have delivered an address on "Business Management of the Hospital," but this topic was not taken up. The next speaker, Very Rev. James A. Walsh, whose topic was "The Hospital Field Afar," also was absent, but his place was taken by Joseph Byrne, M. D., of New York. Dr. Byrne devoted his remarks largely to the crying need for more attention to nervous cases in the hospital, declaring that in most hospitals these cases are now neglected, as far as providing them with the services of qualified specialists goes, and that grave consequences frequently ensue.

A number of speakers, including Rev. M. F. Griffin, of Youngstown, and Drs. Arnold Schwyzer, of St. Paul, F. D. Jennings, and Joseph Byrne, contributed further remarks on the subjects discussed by the speakers.

The program of the second day opened with a symposium on "Nurses' Training," the subject being introduced by a paper by Miss Anna C. Jamme, R. N., State Inspectress of Nurses' Training Schools, San Francisco.

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This paper was read by Sister M. Esperance, of St. Paul. It discussed the matter under three heads, the student, the school, and modern theories of education. The address urged that efforts be made to make the school and its surroundings attractive to the prospective student.

Information should be available to enable the student and her advisers to select intelligently a nursing school. The adjustment of courses on a systematic basis, with classes opening at set periods, and the gradual introduction of the student to practical work through preliminary theoretical instruction, were other suggestions.

The speaker touched upon what proved to be the most absorbing topic of the meeting when she referred to the increasing tendency toward standardization of the curriculum through legislation and the work of the nurses' organizations, and stated at the same time that the curriculum is under fire, in some cases, from medical men.

It was pointed out that interest and mental activity are greater in the morning hours, and that class-room work should consequently be arranged for the morning, instead of left to the evening, when the student is physically and mentally fagged. At least one expert nurse instructor to every school, to supplement the lectures of voluntary instructors, such as staff physicians, was urged.

"The Curriculum and Class Work" was the topic discussed in a paper by Mother M. Madeleine, R. N., superintendent superior of St. Mary's Hospital, of Minneapolis, which was read by Miss Genter. Mother Madeleine said that in order to afford adequate training the hospital must have a broad and simple policy, and must provide a comfortable class-room, good teachers, and a careful adjustment of its teaching program.

A complete curriculum for a three-year course was given, divided into fall and spring terms. In the first term of the first year 265 hours of instruction, including such topics as hospital housekeeping, dietetics, and chemistry, emphasize the thorough preparation of the student by adequate theoretical instruction before too much practical and bedside work, with 80 to 90 hours in the second term; sixty hours in each of the two terms of the second year, and the same in the third year, give a total of 585 to 595 hours for the course, with plenty of time left for additions by way of electives. The course outlined included specific work in every type of nursing, with ample attention to every phase of dietitics, physics, hygiene, the various elementary medical subjects, and the history of nursing.

The instruction in ethics should be based on fundamental principles, it was said, and class-room work should be under the direction of a teacher of strong and sympathetic personality.

DISCUSS NURSE ON ACTIVE DUTY

The following paper, that of Sister M. Ursula, R. N., St. Joseph's Sanitarium, Ann Arbor, Mich., on "The Nurse on Active Duty," was read by Secretary B. F. McGrath, M. D. It was a fine tribute to the nurse and her profession, and declared, among other things, that too little credit is given to the vital part played by the nurse in the operating room. Of all hospital cases 75 per cent are operating room cases, it was stated. The average patient, it was explained, is undergoing operation for the first time, and the nurse can allay apprehension and reassure where the cold-blooded routine of the surgeon tends to frighten. Moreover, infection follows negligence

by the nurse, emphasizing the vital necessity of constant care in the handling of dressings, the preparation of solutions and the sterilization of all instruments and dressings.

Special work, such as that in the contagious ward, among children and the aged, and in social service, was touched upon.

A much-discussed subject was that of Miss Mary Hines, of St. Mary's Hospital, Rochester, Minn., who talked about "The Nurse Anesthetist." She described briefly the course in anesthetics offered to nurses at St. Mary's. The question often raised about the ability of nurses to act as anesthetists, and the propriety of their so acting, received a conclusive answer in the speaker's statement that all anesthetics, numbering many thousands, in the Rochester group of hospitals are given by nurses.

SPECIAL COURSE IN ANESTHETICS

The course consists of three months' training, which is open to registered nurses in good standing. No other service except that in the operating room is expected of those taking the course, and about fifty anesthetics are given. There is no tuition fee, and the nurse pays her own expenses, living outside of the hospital. At the end of a year a nurse who has taken this training and subsequent work is considered fairly competent, but by no means an expert; and, Miss Hines emphasized, unless the nurse has a physician in practice under whom she can put her training into practice, it will be of no value, as it is a grave mistake for a nurse to think she can take a short course and then enjoy a large salary as an anesthetist.

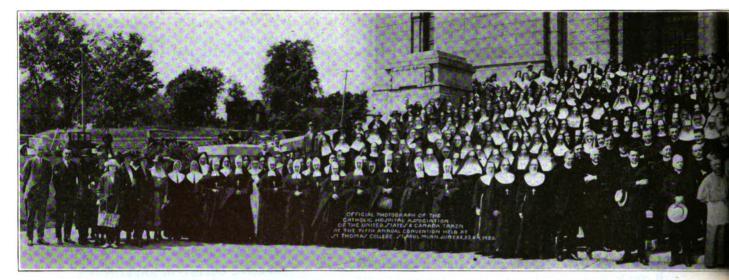
The extent of the work in St. Mary's is indicated by the fact that over 15,000 ether anesthetics were given in 1919, and about 2,500 of nitrous oxide.

The general discussion of the symposium was opened with a paper by Sister M. Veronica, R. N., of Mercy Hospital, Chicago, in whose absence it was read by Dr. L. D. Moorhead. The necessity for better organization of training schools, many of which, the paper said, border on incompetency, was emphasized, due to the fact that they "just grew" instead of being developed in orderly fashion.

The application of the system adopted by many schools, that of a supervising board, with president and other officers, was suggested as a practical solution, with meetings, not necessarily formal, at least once a month, attended by the superintendent of nurses and her assistant, to present topics for discussion. The tendency is to modernize the training schools along the lines of other schools and colleges, and, it was emphasized, every innovation which can benefit the school should be considered. It was stated that Miss Neary, of Mercy College, Chicago, has an outline of a plan of administration along the lines indicated.

Father Griffin, discussing the general subject, asserted that the shortage of nurses was the most important matter before the hospitals today. The number of nurses going into public health work and the industrial field also has tended to reduce the number available for bedside work, where they are most needed; while the general shortage of labor, resulting in increased attractiveness in business, add to the difficulties of the hospitals in meeting the situation. Nursing associations, said Father Griffin, have raised the admission requirements to a point where they

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OFFICIAL PHOTOGRAPH OF CATHOLIC HOSPITAL ASSOCIATION

are keeping out many who would otherwise have made excellent nurses.

"I welcome college and high school graduates," he declared, "but I am not blinded to the fact that when people are sick they must have some one to take care of them, whether the nurse has a high school or college diploma or not. The hospital cannot close its doors or its wards because it cannot get enough high school and college graduates to take care of the work. Our work comes to us, and we must take care of it the best we can. Are we going to allow the nursing associations to continue raising educational standards so that the number of candidates will be constantly decreased, or are we going to look at the matter from another viewpoint?

BEDSIDE SERVICE FORGOTTEN

"In the training of nurses for the general public health service the bedside service is forgotten. It means that we must sooner or later come to the training of two classes of nurses. First, as hospital administrators, we must see that we have enough nurses doing bedside duty to take care of the patients who come to us, and, second, as all of this general public health program can most safely radiate about the hospital, as its logical center, we must give a post-graduate course in public health—in medical social service—in industrial nursing—to prepare some of our girls for that service."

An able address on "The Pathological Laboratories" was delivered by H. E. Robertson, M. D., professor of pathology of the University of Minnesota Medical School. Dr. Robertson commented that the field of pathological laboratory investigation was so vast that it could hardly be covered in the brief compass of a convention address, and that he would confine himself, therefore, to the bare essentials of the hospital laboratory.

The laboratory is to the hospital, he suggested, as a block signal system is to a railroad, a vital safeguard to human life. The need for some sort of laboratory is generally recognized, but the trouble is that in many cases that provided is not adequate, either in equipment or in personnel. If a real effort is made, however, to ascertain the best that can be done, the hospital will run more smoothly, because patients will be served to the utmost. The laboratory is the scientific heart of the whole hospital.

Hardly a single activity of a modern medical group can exist without a properly equipped laboratory, making it obvious that the hospital must afford adequate laboratory service or handicap its staff to a serious extent.

Details can be left to the director, in each case; but the organization of the laboratory service should be elastic and susceptible of ready expansion, as it must grow with the work of the hospital. The importance of post-mortem work was emphasized by Dr. Robertson as well as by other speakers, and he stated that post mortem examinations should be had in at least fifty per cent of the cases resulting in death.

Bacteriological and pathological service are necessary at every point, the speaker said, the best surgeon obtainable and the best pathologist obtainable being none too good in any case.

In the discussion which followed, Dr. A. J. Bruecken of Milwaukee, commented that the whole hospital can be regarded as a laboratory. He said that proper remuneration is hardly ever paid to pathologists, and that cooperation in laboratory work on the part of attending physicians is not what it should be, pointing out that a complete history should accompany all specimens, especially in surgical cases. He suggested that in view of the growing difficulty of obtaining good men and especially of providing proper compensation, outside work should be allowed, not only as a means of income, but as a real service to the community.

IGNORE LABORATORY RESULTS

Dr. Hirschberg, full-time pathologist of St. Joseph's Hospital, of Sioux City, seconded Dr. Robertson's remarks regarding the mistaken attitude of some physicians toward the pathologist, and declared that too many practitioners virtually ignore the results shown by laboratory work in their own cases. He commented upon the increasing disinclination of young medical men to take up pathology as a result of the limited opportunities of compensation afforded. Dr. E. L. Tuohy, himself formerly a pathologist, added remarks along similar lines.

Dr. Weil, of Mercy Hospital, Pittsburgh, suggested that young men might be induced to take up laboratory work, if only for a few years after graduation, as medicine needs pathologists and bacteriologists more than ever.

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IVENTION AT ST. PAUL, MINN., JUNE 22, 23 AND 24, 1920.

Wednesday afternoon was devoted to the round-table conferences. At 4 o'clock reports from these conferences were presented.

Father Griffin presented the report of mothers provincial and superior and superintendents, and brought out the desirability for cooperation between department heads and the head of the hospital. Supplies should be handled by the requisition system, each department head making a list of requirements for submission to the superintendent, in whom the buying power of the institution is placed. Discussion was reported of the central buying bureaus established in New York and Cleveland by hospitals, the conclusions as reported being that in New York the organization had seemed unable to secure better prices than the individual hospitals, while in Cleveland, although somewhat better prices were secured on quantity purchases than in individual purchases, in buying the ordinary staples there was no advantage.

REFERENCE TO COMMUNITY CHESTS

Reference was also made to the desirability for the hospitals' seeing that they secure proper representation and apportionment of funds where community chests are filled.

The supervisors of nurses, meeting with Sister M. Jerome, of St. Joseph's Hospital, St. Paul, as chairman, discussed chiefly the shortage of nurses, and requested the convention as a whole to take the subject up in order to find some remedy for the difficulty, if possible. Suggestions made included shortening the hours of work and special efforts to reach college and high school girls.

Dr. Morgan presented the report of the anesthetists' meeting, of which Miss Mary Hines, of St. Mary's Hospital, Rochester, Minn., was chairman. He reported that a discussion of anesthetic agents had been had, and that chloroform in any form was condemned. Ether seemed to be in general use, while more than half of the hospitals were reported as users of nitrous oxide, which was conceded to be best for induction, with a switch to ether as desired. Preparation of the patient also was discussed, procedure being varied, as to the use of morphine or a similar drug before the operation. The question of who should give the anesthetic came up, and Dr. Morgan declared that nurses are not only giving most of the anesthetics, but are giving the best.

Dr. A. J. Bruecken, of the Marquette Medical School, reporting the conference of laboratory technicians, passed on the suggestion that as the sisters in a hospital are there permanently, they should be encouraged to take up this work and thus become available, instead of leaving the hospital to depend upon lay technicians.

Dr. McGrath read the report of the dietitians' meeting, of which Sister M. Sylvina, of Holy Cross Hospital, Salt Lake City, was chairman. A paper was read at the meeting on the general subject, followed by discussion, and resolutions were adopted recommending that well equipped diet laboratories for the use of pupil nurses be provided, and that more attention be paid to laboratory work in dietetics.

Dr. L. D. Moorhead delivered the report of the meeting of supervisors of records, of which he was chairman, the report taking the form of resolutions. These expressed the sense of the meeting to the effect, first, that it is essential that complete case records be made in every case; second, that complete case records shall consist of history, physical examination, working diagnosis, laboratory reports, progress, including treatment, and in surgical cases, operating room record, and in case of death, an autopsy record, if possible; and final diagnosis, signed by the physician; third, attending physicians and surgeons in all instances shall be held responsible for the case record: fourth, that the sisters' governing body in the hospital should realize its responsibility to the hospital in requiring case records; fifth, that the specialties of medicine and surgery may be permitted case records peculiar to their respective services; sixth, that the matter contained in the case records shall be reviewed by the medical heads of the hospital and reported to the sisters' governing body.

REPORT ON SOCIAL SERVICE

The report of the meeting on hospital social service, rendered by its chairman, Miss Madeline Oldfield, R. N., of St. John's Long Island City Hospital, N. Y., was embodied in a resolution to the effect that a social service department is a valuable part of the modern hospital organization, and that in view of its relatively small development in the Catholic hospitals, this subject should be brought to the attention of the Catholic Hospital Association as a whole, and be placed upon the next general program and made the subject of a symposium. It was

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also recommended that the Catholic hospitals undertake social service more generally.

Dr. Bresnahan, of the A. C. S. staff organization, reported for the superintendents of dispensaries, stating that on the subject of staff attendance it was the sense of the meeting that the amount of time devoted to the dispensary work by the staff should be definitely fixed and rigidly observed. It was recommended, in this connection, that the hour of coming and going of each staff man be noted in a book, and the time spent computed monthly.

Group work, it was recommended by this conference, should receive the attention of hospital authorities. The principle of group medicine can be adapted to the dispensary, it was stated, by sending patients to the different departments for diagnosis, with final result that the patient would be transferred to the proper department to be cured. A proper system of records is desirable in order to facilitate the transfer of patients to the proper departments, and adequate records in the dispensary should be given the same consideration as ward records.

VIEWS OF STAFF MEN

The report of the staff doctors was rendered by Dr. E. W. Buckley, of St. Joseph's Hospital, St. Paul, who presented the resolutions adopted. The first recommended that in order to assure a certain attendance of staff men in future one be chosen by each institutional member to attend the convention and report on its proceedings. Second, it was recommended that a greater number of autopsies be held, and that hospital authorities change the attitude of opposition which in many cases they now hold. Dr. Sweetser, of St. Mary's Hospital, Minneapolis, was quoted to the effect that in that hospital, unless it is specifically prohibited by relatives, an autopsy is performed in every case of death.

It was recommended also, that the Association establish a bureau for clinical and pathological research, which shall receive from the Catholic hospitals the data, findings and statistics compiled from their hospital records. The utilization of this material in the manner suggested was urged, to the end that it might serve as a vast fund of knowledge, of great scientific value, and be made available to the personnel of all hospitals in the Association.

An interesting discussion was reported as having taken place regarding the desirability of classifying the members of the staff as to whether specialists or general practitioners, the usefulness to the hospital of having specialists available being pointed out, with the suggestion that acquiring the qualifications and status of a specialist in a given field need not prevent a man from continuing in general practice.

The proceedings of the final business session, June 24, were opened with a paper on "Financial Support for the Hospital," by Horatio B. Sweetser, M. D., of St. Mary's Hospital, Minneapolis. Dr. Sweetser presented a vigorous plea in support of his contention that the hospitals should seek and secure more generally financial aid from communities in which they are located, pointing out how heavy the demands made upon the hospitals are in comparison with the amount available from endowment and donations, and quoting from the records of several hospitals to show the excess of charity work over income from the sources indicated. The labor of the sisters, valued conservatively at \$1,000 a year each, constitutes in many cases the only margin of the hospital between an actual deficit and its operating expense.

The adjustment of the difficulty by the ordinary expedient of raising the charges for pay patients to cover all expenses is wrong and unjustifiable, Dr. Sweetser maintained, for the reason that it burdens the pay patient not only with reasonable charges for the service rendered to him, but with the cost of charity work as well. He quoted George W. Olson, superintendent of the Swedish Hospital of Minneapolis, whose views on this subject were recently published in Hospital Management, to the effect that "the practice prevailing heretofore of requiring the sick to pay for hospital buildings and equipment, as well as for operation and maintenance, is radically wrong," and that "it would be just as reasonable to require only those who suffer fire losses to build their own fire stations, supply equipment and maintain the fire department, or those only who are held up, beaten and robbed, to maintain our police department."

It is not desirable for each hospital to try to do its own work with the public in this respect, a unified campaign being much more effective and generally satisfactory, with the amount to be received by the hospitals participating depending on the amount of charity work done.

Referring to the financial strength of the Massachusetts General, which derives more than half of the amount which it spends from endowments and current donations, and which regulates its charges to patients able to pay by their ability to pay, regardless of the service given, Dr. Sweetser paid the institution a high compliment. He said that it stands at the front of all hospitals in this country, highly standardized and splendidly conducted, ultra scientific and yet pervaded with a spirit of humanity. And other hospitals, he said, can do as well, if they will see to their financial status properly.

Charles S. Thompson, of the American Red Cross, spoke on the work which that organization is doing, in place of Dr. Mabel Ulrich, who was on the program for that purpose. He explained the work of the nurses of the Red Cross in the communities to which they are sent on request, conducting educational activities not only in matters connected with the sick, but giving instruction in dietetics and general hygiene. The Red Cross, in brief, is attempting to educate the public on health matters, especially in the smaller towns and in remote country districts where there is inadequate hospital and medical service available.

TELLS OF X-RAY DEPARTMENT

A practical discussion of X-ray service was contained in a paper on "The X-Ray Department of the Hospital," by Victor J. LaRose, M. D., of St. Alexis Hospital, Bismarck, N. D. Dr. LaRose showed a diagram of his department, indicating the location of the various pieces of equipment, and explained the manner in which it is handled. He pointed out that his problem is the same as that of many others in small hospitals which cannot afford a full-time man, and showed how it has been solved on a part-time basis in St. Alexis'.

A symposium on "The Intern" was started with an address by Dr. E. L. Moorhead, of Mercy Hospital, Chicago, on "The Hospital's and the Staff's Obligation to Him." Dr. Moorhead commented that much of the controversy and difficulty on the subject are due to a misunderstanding of what the intern is, and that in some

(Continued on Page 84)

Hotel and Garage for Baptist Hospital

Office Building for Doctors Another Feature of New Atlanta Institution; to Have Few Wards



THE NEW GEORGIA BAPTIST HOSPITAL BUILDING.

Construction soon is to start on the first unit of the new \$3,000,000 hospital building that is to be erected in Atlanta by Baptists of Georgia who plan to make the institution one of the finest in the country.

Plans for the hospital and nurses' home were drawn by Burge, Stevens and Conklin of Atlanta, and the photographs presented herewith represent the structures just as they will appear when finished.

The nurses' home is to cost approximately \$175,000 and will be so erected that wings may be added for the accommodation of more nurses as additional units are erected for the main hospital.

The first unit of the hospital will cost approximately \$750,000, and two units are to be added later that will bring the total cost to \$3,000,000. It is possible that the main hospital may be even larger than this for additional ground is to be reserved to provide for the enlargement of the building in the future if necessary.

An additional plot of land has been purchased close by upon which it is proposed later to erect a modern office building which will provide space for about 150 doctors who may desire offices in that section of the city as well as to associate themselves with practice in the hospital. This plan is the result of the trend toward group practice among the members of the medical profession, and it is proposed to arrange each suite of offices in the building to suit the individual tastes or needs of the doctors who will occupy them.

Near this building will be erected a garage for the

housing of the doctors' cars as well as those of relatives or friends of the patients who come to visit them.

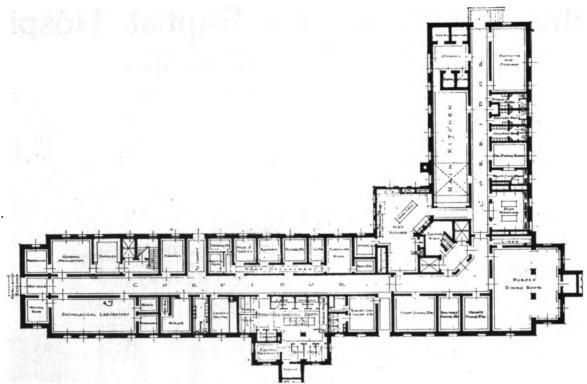
To care for members of patients' families it is planned to build and operate nearby under the auspices of the hospital a modern hotel. Every convenience of the ordinary commercial hotel will be provided for the comfort of the guests and the building will be sufficiently large to accommodate all of those who come to the hospital from out of the city, to visit patients.

The nurses' home will be one of the most modern in the country and will embrace many new features. There will be provision for about 200 nurses, the corps that will be needed for the first unit of the hospital. It is expected that this building will be ready for occupancy by September. It will be put into use immediately as a home for the nurses of the present Georgia Baptist Hospital and as a training school for nurses who will serve in the new institution.

The basement of the building will contain the dining rooms and kitchens, domestic science rooms, a gymnasium, shower baths, lockers, etc., and the class rooms.

A one story reception room is provided in the building plans, which will occupy the center of a court in front of the building proper. Surrounding this one story structure will be an arrangement of sunken gardens.

In the living quarters of the home there will be a large number of single rooms each with a private bath. Many of the rooms to be occupied by student nurses in train-



ARRANGEMENT OF THE BASEMENT FLOOR.

ing also will be individual rooms with private baths. Special quarters are provided for the head nurses.

The first unit of the hospital building will have provision for between 250 and 300 beds, while the completed hospital will contain about 800 beds. The wards will all be small and none will contain more than four beds. Individual care for all patients is to be the policy of the new institution as far as possible.

Dr. J. M. Long, superintendent of the present Georgia Baptist Hospital, will be in charge of the new hospital.

The central unit of the hospital which will be constructed first will contain nine floors and basement, the latter of English type. Each unit takes the form of a capital T. The central building is to be of reinforced structural concrete frame, and brick, limestone, terra cotta and hollow tile will be used throughout. A large park is to be provided at one side of the building for the use of convalescent patients, and there will be a glazed roof garden for the same purpose.

The basement will be given over to kitchens, dining rooms, laboratories, the X ray and pathological departments and the receiving room.

On the first floor will be the administrative offices and a number of private rooms. Here also will be a suite of operating rooms for minor surgical work and eye, ear nose or throat surgery.

FEW WARDS PROVIDED FOR

The second to the seventh floors, inclusive, will be more or less typical of the ordinary hospital. There will be a few four bed wards, several two and three bed wards and a large number of private rooms, with the ordinary utilities, service rooms, baths, kitchens, etc.

The eighth floor will be the maternity floor with labor rooms, nurseries, waiting rooms, and wards and private rooms.

The ninth floor will contain a suite of four major operating rooms all facing to the north with an abundance

of overhead and front light. The service rooms will be just across the corridor and the remainder of the floor will be given over to private wards for the accommodations of post-operative cases. Only the major surgical operations will be performed on this floor.

The Georgia Baptist Hospital came into being in Atlanta March 15, 1913, when the state convention bought the Tabernacle Infirmary located on Luckie street. The institution then had a capacity of 45 beds, but this was increased to 116 beds when an old cottage at the corner of Luckie and Bartow streets was torn down and an addition to the hospital built in November, 1917. In September, 1919, fourteen more beds were added by an extension to the new wing.

UNITS MAY BE ISOLATED

The growing need for hospital facilities in Atlanta and Georgia led to the purchase in May, 1919, of what was known as the Nelson property at North Boulevard and East Avenue for the location of the institution to be known as the Georgia Baptist Hospital. Immediately plans were set under way to begin building the first unit of the system which it is proposed to make one of the best equipped in the country.

Provision will be made to treat all classes of diseases in this hospital, the architectural arrangement being so constructed that any portion of the units may be isolated in a few moments. It is also proposed to have every possible convenience and comfort, not only for the patients, but also for the doctors and the families and friends of the sick.

One of the features planned for the first unit of the hospital will be up-to-date pathological laboratories. The director will be a surgical pathologist of national reputation,

Under his supervision there will be a bacteriologist, a physiological chemist, a pharmacologist and a corps of assistants and technicians, itized by

The staff and equipment of the X ray laboratories will be on a par with that of the other departments of the hospital.

Commenting upon the plans and the policy of the new hospital an Atlanta physician who is actively interested in the project said:

"Not enough of our hospitals in the past have given sufficient attention to scientific medical work. Most everything has been done for surgery, it would seem. This new institution will also give a great deal attention, of course, to surgery, but we are also going to do everything that modern medicine knows how to do in medicine as well as in surgery. To that end all of the forces of the laboratories will be at the disposal of the medical men, and in addition we will have a scientifically trained dietitian who will be competent to work with the doctors, especially in the great class of cases which we call disturbances of metabolism, such as rheumatism, kidney and heart lesions."

All of the facilities of the hospital will be thrown open to the medical profession of the South. The physicans will be thus afforded every assistance and the help of the trained technicians in the hospital for the diagnosis of disease and the treatment of their patients. Continuous clinics will be given in the institution to which the physicians of the South will be invited.

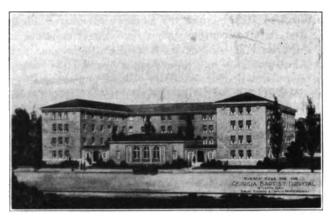
MAXIMUM OF SERVICE FACILITIES

One of the features in the arrangement of the wards of the hospital is a maximum of service facilities, toilets, baths, utility and service rooms, with a view to cutting down the work to a minimum, as to personnel, in order that the very highest order of service can be given at the lowest possible cost. This means that the hospital will cost a great deal more to build and equip, but less to administer.

Instead of a bath and toilet for a group of several wards, each four bed ward will have its own bath and toilet facilities and other service in keeping with the idea of reducing the personnel to its lowest possible factor.

Superintendent Long points out that, while the hospital is being erected and will be operated under the auspices of the Georgia Baptist Convention, it is to be Baptist only in its burdens and responsibilities and is to be non-sectarian in its benefits.

"The church under which this hospital is being erected has but one motive and one purpose," Superintendent Long said. "This is to serve humanity in need, to conserve human life and make men and women, so far as it is possible to do so with modern medicine, free of disease, and in this way increase their efficiency and happiness to themselves and to the world."



THE NURSES' HOME.

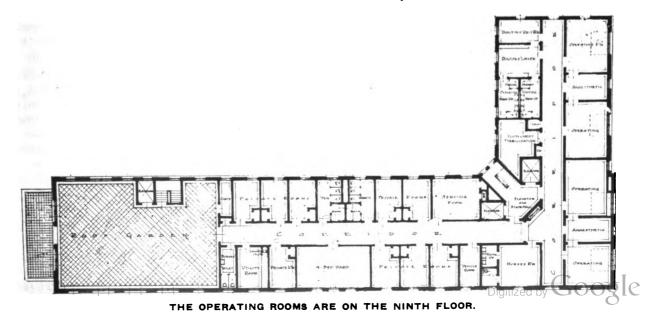
At present there is a great scarcity of hospital accommodations in Atlanta. The condition, physicians say, constitutes a serious menace to the health of the community which is in need of hundreds of hospital beds.

"It is estimated that a safe proportion of hospital accommodation is one bed to each one hundred population," said Dr. Long. "Atlanta has, by the most liberal estimate, about 800 hospital beds, when there should be from 2,000 to 2,400 to provide even reasonably for our local needs.

"The scarcity of nurses is due largely to the inadequacy of our hospitals and especially the poor accommodation for these nurses while in training."

And so when all the units are ready the new Georgia Baptist Hospital will provide facilities in the matter of accommodation and room, at least, equal to the present facilities of the entire city.

Construction work on the nurses' home is planned for the near future. Then will follow work on the first unit of the hospital building, the contract for which is to be let at an early date.



Ohio Publishes Maternity Hospital Code

Any Institution Handling Maternity Work Is Affected by Regulations of State Bureau

Hospital executives are watching with interest the development of the Bureau of Hospitals of the Ohio Department of Health, since the Buckeye commonwealth is the first state to institute such a bureau and empower it to supervise and regulate its hospitals. Some time ago the Bureau of Hospitals announced a plan for the licensing and regulation of maternity hospitals, and this plan has been worked out in the bureau's Bulletin No. 1, just off the press.

Inasmuch as the Ohio Department of Health regards as a maternity hospital "any place into which women are received to be cared for before, during or while recovering from parturition," the Ohio regulations regarding maternity hospitals also are of concern to a majority of general hospitals, since it is plausible to expect other states to follow Ohio's example.

The Ohio definition of maternity hospital is construed, according to the bulletin, to include (a) maternity hospitals operated exclusively for maternity cases, (b) a department, ward or section of a general hospital set apart or used for maternity cases, (c) a private home or other place making a business of receiving maternity cases, including institutions commonly known as maternity or lying-in hospitals and homes.

This definition makes it imperative that all institutions in the state admitting maternity cases secure a license from the Department of Health in order legally to engage in maternity work.

Applications for maternity hospital licenses are to be made to the State Department of Health and will be granted after an inspection by an agent of the department qualifies the institution for license. Applicants will be recognized only when the institution is registered as provided by the hospital code and when the application is approved and signed by the local board of health. Licenses will be granted for the maximum period of one year and initial licenses for the remaining period of the calendar year in which they are issued.

The regulations provide that thirty-day notice must be given as to change in ownership, size or location and an application made for a new license. Application for license for a new institution also must be made not later than thirty days prior to the opening date. Any change in a licensed institution or its management conflicting with the terms of a license automatically revokes such license.

Rules and state laws governing Ohio's maternity hospitals, as listed in the hospital bureau's bulletin, are as follows:

REGULATIONS FOR THE GOVERNMENT OF MATERNITY OR LYING-IN HOSPITALS OR HOMES

RULE 1. All rooms and wards for patients in a maternity hospital shall be outside rooms and the window space shall not be less than one-fifth of the floor space. All rooms shall contain as much cubic air space as shall be deemed sufficient by the State Department of Health for the number of women and children to be cared for therein.

RULE 2. All parts of a maternity hospital shall be kept in a cleanly condition. The floors and walls shall be in good condition and of such material as to permit of easy cleaning.

RULE 3. The heating of all rooms shall be sufficient to maintain a temperature of 70° Fahrenheit in the coldest weather. No gas stove shall be used which is not directly connected with an outside flue and all gas connections shall be of metal piping.

RULE 4. The water supply shall be from a source approved by the State Department of Health. Excreta and household wastes shall be disposed of in a sanitary manner.

RULE 5. All maternity hospitals, having a capacity of five or more patients, shall be provided with a room which shall be used for the delivery of patients and for no other purpose. The delivery room shall be provided with means for sterilizing instruments. An adequate supply of dressings and drugs shall be provided.

RULE 6. An adequate supply of clean bedding, body linen and towels shall be kept on hand for use at all times

RULE 7. Each maternity hospital shall be provided with a nursery unless each mother is in a private room. Each mother and each child shall occupy separate beds. Babies, except those of mothers in private rooms, shall be kept in the nursery at night.

RULE 8. All patients shall be examined on admission by a licensed physician. Any person found afflicted with a venereal or other communicable disease shall be properly isolated in a separate room and all necessary precautions taken to prevent the spread of such disease to other persons.

RULE 9. Immediately upon the beginning of labor, a legally qualified physician shall be notified and shall be present and in attendance at the time of birth. An efficient prophylactic solution shall be used in the eyes of each newborn child.

RULE 10. After the birth of a child, a legally qualified physician shall be in attendance upon the mother for at least ten days and shall conduct all after-treatment.

RULE 11. If a child kept at a maternity hospital is not breast-fed by its mother, any artificial feeding shall be upon the prescription and under the direction of a legally qualified physician, who shall state in writing, on the patient's record, his reason for using artificial feeding. No wet-nurses shall be provided except with the written approval of the attending physician after complete physical and laboratory examination of each nurse.

RULE 12. Bottles, stoppers and nipples must be properly sterilized after each use. Diapers shall be supplied in sufficient quantity to permit the use of a freshly laundered one each time the child is changed. Immediately after removing, diapers shall be placed in a covered receptacle under a disinfecting solution and shall be boiled and washed within twenty-four hours after soiling.

- Rule 13. Each maternity hospital shall employ at least one registered nurse, except that where no registered nurse is available in the community an experienced nurse may be employed upon approval of the State Department of Health.
- RULE 14. Sufficient nurses and other employes shall be provided to insure adequate and proper care of each case at all times.
- RULE 15. No maternity hospital shall admit a child without its mother except in cases of emergency.
- RULE 16. Whoever conducts a maternity hospital shall keep a case record of every person admitted thereto or born on the premises. Such record shall contain the following items under the captions of "Record of Woman," and "Record of Child":

RECORD OF WOMAN

- (1) Date of admission.
- (2) Name in full.
- (3) Home address.
- (4) Age.
- (5) Color or race.
- (6) State or foreign country of birth.
- (7) Marital state.
- (8) Date of first physical examination after admission.
 - (9) Name of examining physician.
 - (10) Expected date of delivery.
- (11) Note of any abnormal condition or disease revealed by examination on admission.
 - (12) Result of Wasserman Test.
 - (13) Result of examination for gonorrhea.
 - (14) Date of delivery.
- (15) Month of gestation in which pregnancy was terminated.
- (16) Place of delivery (if not in your own institution).
 - (17) Number of children delivered.
 - (18) Name of physician in charge of delivery.
- (19) Type of delivery (normal, instrumental, still-birth, etc.)
 - (20) Date of discharge.
 - (21) Date and hour of death.
 - (22) Cause of death.
- (23) Date local health department was notified of death.
 - (24) Date death certificate was filed.

RECORD OF CHILD

- (1) Date of admission.
- (2) Date of birth.
- (3) Name of mother.

Note: Items 1, 2 and 3 to be recorded when child is admitted to the hospital without its mother.

- (4) Date local health department was notified of birth.
- (5) Date birth certificate was filed.
- (6) Name.
- (7) Sex.
- (8) Color.
- (9) Legitimacy.
- (10) Name of prophylactic used in eyes at birth.
- (11) Whether inflammation of the eyes developed.
- (12) Cause of inflammation of the eyes.

- (13) Type of feeding (Maternal, wet-nurse, artificial).
- (14) Why artificial feeding or wet-nurse was necessary.
- (15) Description of illness or defect observed while in the hospital.
 - (16) Name of physician attending illness.
 - (17) Date of discharge.
 - (18) Date and hour of death.
 - (19) Cause of death.
- (20) Date local department of health was notified of death.
 - (21) Date death certificate was filed.
- (22) Name, address and relationship of person or name and address of organization or institution in whose care the child was given on discharge.
- (23) Date on which local board of health was notified of removal of child to or by other than a parent or relative by blood or marriage.
- (24) Name of judge or licensed agency authorizing placement or adoption of child on discharge.

Rule 17. The case record shall be kept in a book of forms prescribed and furnished by the State Department, provided that the commissioner of health may exempt from this regulation such hospitals as may be found to keep the required record readily accessible in other form.

RECORD FORMS FURNISHED

Rule 18. Any book of case record forms furnished to maternity hospitals by the State Department of Health shall bear a serial number and any recipient shall give a receipt therefor. Such book and any record therein shall be preserved intact and on no account shall any page be removed therefrom. The unavoidable or accidental loss or destruction of any such case record book or any part thereof or any record therein shall be immediately reported to the State Department of Health.

Rule 19. That part of the case record required to be tion "Record of Woman" and the first three items under caption "Record of Child", Rule 16 of these rules and regulations, shall be entered in the case record within twenty-four hours after the admission of the woman or child.

Rule 20. Whoever conducts a maternity hospital shall keep a daily census record showing separately the number of women and children patients therein each day. Such census shall be taken as of midnight for the preceding twenty-four hours. The census record shall be preserved for not less than one year and shall be available for inspection at all times.

- Rule 21. Maternity hospitals shall report to the local health officer within twenty-four hours:
- (1) The date, hour and cause of death of any patient (woman or child) upon the premises.
- (2) The date of birth and name of mother of any child born upon the premises.

Such reports shall be made upon forms prescribed and furnished by the State Department of Health provided that where the local health officer is a deputy registrar of vital statistics the filing of the regular birth and death certificates within twenty-four hours of the birth or death will be construed as complying with this rule. It shall be the duty of the licensee to determine whether the regular birth or death certificate is filed and to make the re-

port required by this rule when it is found that no such certificate is filed.

Rule 22. Maternity hospitals shall report to the local health officer and the State Department of Health within twenty-four hours thereafter the name and address of any person other than a parent or relative, by blood or marriage, or the name and address of the organization or institution into whose custody a child is given on discharge from the licensed premises.

Rule 23. Licensees shall make an annual report for the calendar year to the State Department of Health on forms prescribed and furnished by that department.

Rule 24. Violation by any licensee or agent or employe of such licensee of any of these rules and regulations or of any provision of the General Code of Ohio relating to maternity hospitals, shall constitute sufficient cause for the revocation of license as provided for in Section 6263, General Code of Ohio.

Rule 25. The foregoing rules and regulations. 1 to 25, inclusive, shall take effect and be in force on and after March 15, 1920. All rules and regulations for the government of maternity or lying-in hospitals or homes heretofore adopted by the State Board of Health or by the Public Health Council are hereby repealed.

Adopted September 5, 1908.

Adopted January 20, 1916.

Amended February 27, 1920.

Filed with the Secretary of State March 13, 1920.

LAWS OF OHIO RELATING TO MATERNITY HOSPITALS

Section 1236-6. Definition and Classification. The commissioner of health shall have power to define and classify hospitals and dispensaries. Within thirty days after the taking effect of this act, and annually thereafter every hospital and dispensary, public or private, shall register with, and report to, the state department of health, on forms furnished by the commissioner of health, such information as he may prescribe. (108 Pt. 1, pg. 46.)

Section 6259. Licenses. The commissioner of health may grant licenses to maintain maternity hospitals or homes, lying-in hospitals, or places where women are received and cared for during parturition. An application therefor shall first be approved by the board of health of the city, village or township in which such maternity hospital or home, lying-in hospital, or place where women are received and cared for during parturition is to be maintained. A record of the license so issued shall be kept by the state department of health, which shall forthwith give notice to the board of health of the city, village or township in which the licensee resides, of the granting of such license and of the terms thereof. (108 Pt. I, Pg. 46.)

Section 6260. Term and Contents of License. Such license shall be granted for a term not exceeding one year and shall state the name of the licensee, the particular premises in which the business may be carried on, the number of women and infants that may be boarded, treated or maintained there at any one time, and, if required by the board of health of the city, village or township in which such maternity boarding house or lying-in hospital is located, it shall be posted in a conspicuous place on the licensed premises. (99 v. 12, § 2.)

Section 6261. Limitation of Women and Children. No greater number of women and infants shall be kept at one time on such premises than is authorized by the license

and no women or infants shall be kept in a building or place not designated in the license. (99 v. 13 § 2.)

Section 6262. Inspection. The commissioner of health and the boards of health of cities, villages or townships shall annually, and may, at any time, visit and inspect, or designate a person to visit and inspect the system, condition and management of the institutions and premises so licensed. (108 Pt. I, 46.)

Section 6263. Revocation of License. The state board of health may revoke such license when a provision of this chapter is violated, or when, in the opinion of such board, such maternity boarding house or lying-in hospital is maintained without regard to the health, comfort or morality of the inmates thereof, or without due regard to sanitation and hygiene. (99 v. 14, § 3.)

Section 6264. Record of Revocation. Such board shall note such revocation upon the face of the record thereof and give written notice of the revocation to the licensee by delivering the notice to him in person or leaving it on the licensed premises, and shall forthwith notify the board of health of such city, village or township in which the maternity boarding house or lying-in hospital is situated, (99 v. 14, § 3.)

Section 6265. Reporting Births. A birth which takes place in a maternity boarding house or lying-in hospital shall be attended by a legally qualified physician who shall forthwith report it to the board of health of the city, village or township in which the maternity boarding house or lying-in hospital is located. (99 v. 14 § 3.)

Section 6266. Adopting Children. A person holding such license shall keep a record in the form to be prescribed by the state board of health, wherein he shall enter the name and address of the physician who attended at the birth taking place in such house or hospital of any infant who may be sick, the name, age and sex of children born on the premises or brought thereto, and the age of a child who is given out, adopted or taken away to or by any person, together with the name and residence of the person so adopting or taking away such child. (99 v. 14 § 5.)

Section 6267. Copy of Record. Within twenty-four hours after such child is given out or taken away, the person licensed as aforesaid shall cause a correct copy of the record relating thereto to be sent to the board of health of the city, village or township wherein such house or hospital is located. (99 v. 14 § 5.)

Section 6268. Notification of Death. A person licensed as aforesaid immediately after the death of an inmate of such boarding house or lying-in hospital, whether a woman or an infant born therein or brought thereto, shall cause a notice thereof to be given to the board of health of the city, village or township in which such house or hospital is located. (99 v. 14 § 6.)

BOARD FURNISHES FORMS

Section 6269. Coroner's Inquest. Such board of health shall forthwith call the coroner of the county in which said person died to hold an inquest on the body of the person, unless a certificate under the hand of a legally qualified physician is exhibited to said board by the licensee that such physician had personally attended and examined the person so dying, and specifying the cause of death,

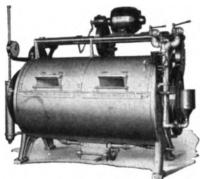
(Continued on Page 80)

Helpand Supplies Secret of Good Laundry

Incompetent Employes and Poor Materials May Double Cost of Cleaning Linens and Garments for Hospitals

[EDITOR'S NOTE: This is the first of a series of articles dealing with the equipment and economical administration of hospital laundries, material for which was gathered through a survey of a large number of institutions and from manufacturers of laundry machinery. The series deals with equipment for hospitals of various bed capacities and will prove of interest to superintendents who realize the loss that can be sustained through inefficient methods in the laundry department. The illustrations for this article were furnished by the American Laundry Machinery Company, Cincinnati.]

In no other department of the hospital can there be more economies effected or extravagances practiced than in the laundry. This and following articles will deal with



DRYING TUMBLER

the matter of laundry administration so that an intelligent survey may be had of its details.

Laundry equipment will depend upon the bed capacity of an institution, the numerical strength of physicians' and nursing staffs, the cleansing of whose wearing apparel is a big item in laundry expense although secondary to the bed linen, patients' clothing, etc.

Competent help is the first essential of an economically run laundry. In the hands of inexperienced or indifferent employes, supplies are used in excessive amount, goods are ill-treated and wear out long before they should, necessitating unnecessary replacement and, in these days of the abnormally high cost of linen and garments, doubling or tripling the cost of laundry upkeep. Add to this factor the use of a poor quality of supplies and we get the two main causes of high laundry expense.

COST FOR NEW YORK HOSPITAL

In the New York Hospital, New York City, with a bed capacity of 295, where the average number of pieces washed daily is 10,000 and rising on some days to 12,000 to 14,000 pieces, the cost per piece is \$.0134, a fraction over one and a third cents.

Although this article will discuss the equipment of hospital laundries in institutions with bed capacities of from 100 up, because in a good many hospitals with less than 100 beds the work is given out, laundry machinery manufacturers provide installations for laundries with bed capacities of 75 beds and less. It will be found that laundry work can be more economically handled in the institution's own laundry than outside.

In making installations of laundry equipment it is advisable to obtain professional advice as to space to be

allotted for the laundry, location of equipment, etc. Manufacturers of laundry machinery maintain engineering staffs whose services are available for such work and they lay out a laundry department much as the architect plans the wards, aid in getting the apparatus under way, instruct the help in the operation of the various machines and in other ways bring their engineering experience to the aid of the hospital authorities.

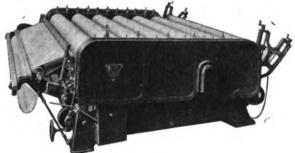
HOSPITAL LAUNDRY EQUIPMENT

The machinery and other appliances of the well-equipped hospital laundry should include washing machines, extractors, flat iron workers, dry tumblers, tables for ironing, electric hand irons, soap tank, starch tank, steam presses, trucks and baskets. Some institutions get along without the dry tumbler while others add to the above equipment a collar and cuff machine and in others will be found sterilizing machines. There are experts who maintain that heat and chemical contents of soap and soda suffice as sterilizers while clothes pass through the washer and that a special machine for the purpose is unnecessary. Others heartily advocate the sterilizer.

The quantity of equipment for the laundry described in this article is on the basis of 100 beds.

The apparatus, of course, does the cleaning work for all, patients, physicians, nurses, and help. Some hospitals maintain a separate equipment for the staff clothing while others send that of staff and patients through a common washer.

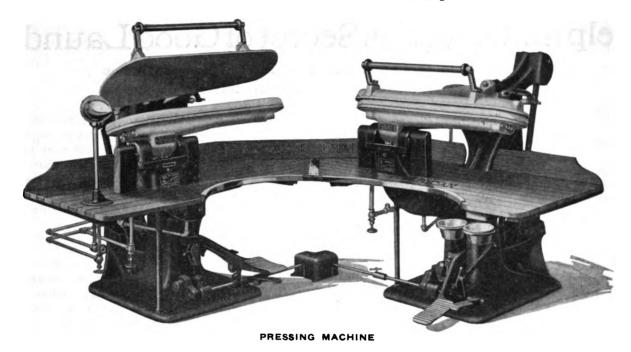
Here is what the laundry machinery experts recom-



FLAT WORK IRONER

mend as the necessary installation for the 100 bed hospital capable of handling 12,000 to 14,000 pieces of wash a week:

- 1 standard size washing machine.
- 1 40x90 dry tumbler.
- 1 30-inch underdriven extractor.
- 1 flat iron worker, cylinder type, either one or two cylinders.
 - 2 38-inch steam presses.
 - 1 90-gallon soap tank.
 - 1 starch tank.
 - 1 collar and cuff machine (optional).
 - 1 sterilizer (optional).
 - 3 galvanized iron trucks for wash room.
- 3 12-bushel sanitary laundry trucks made of canvas which can be removed and washed.



Tables, electric irons and two or three set tubs for washing special articles.

Dry room.

The efficiency of a washing machine depends on the agitation of water in the cylinders which causes consistent and frequent churning of the soap suds, and on construction which assures carrying the clothes well up into the cylinders, the action being similar to that of a boat's paddle wheels.

AGITATION IS IMPORTANT

On the agitation depends the rapidity with which clothes may be washed, thereby lessening the quantity of soap and soda required. The inner cylinders of the washers contain thousands of perforations which act to produce suction. Cylinder perforations vary in the different machines, and the cylinders in the material used in their construction. The modern type of washer will wash 700 pounds (dry weight) of clothes an hour.

The U. S. navy made a thorough test of washing machines prior to their adoption and one make washed a load of 317.6 pounds (dry weight) in twenty-two minutes.

In the laundry of the 100 bed hospital from seven to nine in help will suffice to handle the equipment outlined.

The following laundry equipment would cover the needs of institutions with 75 or 50 beds: a small or half size washing machine, two 66 inch flat iron workers of the cylinder type, one 30 inch extractor, two 38 inch steam presses, soap tank, starch tank, dry tumbler, electric hand irons, one or two set tubs, two iron trucks and two sanitary laundry trucks.

Six persons, working in turn at the washing machine, flat iron worker and extractor could competently handle such equipment and the number of pieces of wash an institution of this capacity would send daily to the laundry.

In succeeding articles will be given the actual equipment of laundries in 100 bed hospitals, giving records of the number of employes, amount of wash handled, etc., and following these data similar information relating to institutions of 200, 300 and higher bed capacity.

More Pay for Hospitals

Industrial Commission of Ohio Agrees to Principle of Cost of Service to Patients

Frank E. Chapman, superintendent of Mt. Sinai Hospital, Cleveland, executive secretary of the Ohio Hospital Association, has sent out a circular to all members of the association calling attention to the fact that the Ohio Industrial Commission has approved the principle of cost for service on industrial commission cases and that it is necessary for hospitals to report to the state department of health regarding the cost per patient per day for the past year to become eligible for compensation under this new ruling.

The notice emphasizes the point that this new method of compensation went into effect July 1 and that hospitals must have their cost per patient per day in by August 1 or be ineligible to participate in the benefits of the ruling. The hospitals that fail to report by August 1 will be compensated under the old rates of \$18 per week.

Mr. Chapman has offered the assistance of his office to any hospital that does not understand the method of figuring its cost per patient per day.

H. P. Southmayd, chief, bureau of hospitals, Ohio Department of Health, on June 23 sent to all hospitals of the state a form for reporting the operating expenses of the institution for 1919 and the number of patient-days. This information is to be used by the State Industrial Commission in determining the amount of compensation an institution is to receive for an industrial case.

Richmond Memorial Hospital Opened

The Richmond Memorial Hospital at Princess Bay, Staten Island, has been opened with a capacity of forty beds. Residents of the Westfield section of Staten Island raised funds for the institution which will be a memorial to the men of these communities who died in the war.

Sanitarium At Hurley, Wis.

"Pureair" Sanitarium at Hurley, Wis., is ready for use as a tuberculosis hospital for patients of Ashland, Bayfield and Iron counties.

Parnall Head of Michigan Association

Ann Arbor Superintendent Honored by Wolverine State Hospitals at June Meeting in Detroit

A representative attendance and a fine spirit of enthusiasm in the development of hospital service marked the meeting of the Michigan Hospital Association, held in Detroit, June 8 and 9. Christopher G. Parnall, M. D., superintendent, University Hospital, Ann Arbor, was elected president, and the following other officers chosen:

Vice-presidents, Miss Anna M. Schill, Hurley Hospital, Flint; A. R. Hackett, M. D., Delray Industrial Hospital, Detroit; Miss Grace McEllery, superintendent, Hackley Hospital, Muskegon.

Secretary, Mr. Durand W. Springer, University Homeopathic Hospital, Ann Arbor.

Treasurer, Herman Ostrander, M. D., superintendent, State Hospital, Kalamazoo.

Trustees, Warren L. Babcock, M. D., superintendent, Grace Hospital, Detroit; Rev. Michael P. Bourke, St. Joseph Sanatorium, Ann Arbor; Mrs. Edwin Booth, Butterworth Hospital, Grand Rapids.

Grand Rapids was chosen for the next meeting, which will be held December 7 and 8, 1920.

Dr. Babcock, first president of the association, in the opening address told the conditions leading to the formation of the organization in December, 1919, and made a number of suggestions by which superintendents could gauge the progress of their institutions toward meeting the demands made on them. The standardization program of the American College of Surgeons, group purchasing of supplies, improvement of conditions of student nurses, including the elimination of as much drudgery as possible, and an eight-hour day, were among the ideas put forward.

Dr. Babcock called attention to the Cleveland hosptial survey now in progress, which, he predicts, will have a nation wide influence, since conditions in Cleveland are similar to those in other large cities. Efforts to make greater use of a hospital's bed capacity also was urged, the speaker citing one institution whose daily average was only 54 per cent of its capacity.

Merrill Wells. M. D., superintendent, Blodgett Memorial Hospital, Grand Rapids, followed Dr. Babcock with a paper on "The Community Health Center: Possibilities in Its Field of Usefulness," in which was pointed out the advisability of establishing a central agency to prevent duplication by the increasing number of organizations devoted to community health.

Mr. W. J. Norton, secretary, Detroit Community Union, read the first paper at the afternoon session of June 8, his subject being 'The Community's Responsibility to the Hospital." Mr. Norton asserted that the public should be made to realize that the hospital was a community organization and it was the duty of the community to support it.

Haven Emerson, M. D., former health commissioner of New York, who is directing the Cleveland hospital survey, was the next speaker. He told how a hospital survey contributes to community health service and outlined the Cleveland survey, the object of which is to study the adequacy of hospital beds and service, facilities for teaching those who care for the sick, and the health service of the city. The need in this country for convalescent hospitals was emphasized by Dr. Emerson, who pointed out that in England convalescent care is provided for practically every type of patient, while there are few such institutions here. The speaker estimated the minimum ratio of hospital beds to population in larger cities at five beds for every thousand people, provided the hospitals are operated at 80 per cent of capacity.

John F. Bresnahan, M. D., of the staff of the American College of Surgeons, made the concluding address of the first day on 'Standardization in Michigan." He outlined a survey of 18 Michigan hospitals of 100 or more beds, which showed three up to standard and 12 practically so. Of 18 institutions of 50 beds to 100 beds two were up to standard and six nearly so. Dr. Bresnahan emphasized the fact that standardization does not rob an institution of its individuality.

Nursing problems were discussed at the Wednesday sessions, following a paper on compulsory health insurance and state medicine by George E. Frotheringham, M. D., Detroit. A report from the Michigan Hospital Association's committee on pupil nurses recruiting was read by Miss Emily H. McLaughlin, principal of Farrand Training School for Nurses, Detroit, chairman. The report showed that 138 schools had been visited by members of the committee who addressed 16,119 pupils, of whom 1,126 had sent in their names for application blanks. The committee, which also endeavored to arouse community responsibility in health activities, divided the state into twelve districts and carried on an extensive publicity campaign, including the showing of the film. "In the Footsteps of Florence Nightingale."

The final paper was by Dr. Parnall on nursing service and nursing education. It urged the maintenance of high standards for training schools and presented an analysis which showed the tendency to develop bedside nurses and another class for special lines. Dr. Parnall recommended the limiting of a nurse's course to two years, providing applicants were high school graduates and had had one or two semesters' work in nursing theory.

Ontario Association Formed

With a membership of 55, the Ontario Hospital Association has been formed to develop co-operation among the institutions of the province and to educate the public to the services rendered by hospitals. Barry Hayes, Toronto, is president and C. J. Decker, of the Toronto General Hospital, secretary-treasurer. The formation of a central purchasing agency, the standardization of towels, sheets, etc., for better buying and the co-operative purchasing of coal, jam, etc., are planned by the association.

Harmony Keynote of Hospital Progress

Importance of Co-operation Among Trustees, Superintendent and Staff Emphasized at New Jersey Association Convention

Harmony among trustees, superintendent and staff of a hospital as the most important factor in the development of an institution was the keynote of a talk by Dr. Gordon K. Dickinson, superintendent, Christ Hospital, Jersey City, at the second annual convention of the New Jersey Hospital Association at Newark June 24.

Dr. Dickinson bemoaned the fact that very few trustees or members of boards of managers have an adequate knowledge of their duties or even of hospital work and that thus they are in no position to work effectively with practical hospital people. He asserted that if trustees or board members would study hospitals, particularly their own institutions, closer harmony would be effected and the patients would reap the benefits.

"You will never have harmony," Dr. Dickinson continued, "unless you strive for what HOSPITAL MANAGEMENT is continually preaching; that is, have everybody get together, consult one another and trust one another.

"The trinity, board of managers, superintendent and doctor, must be brought together. The man behind the gun is the doctor. He cannot do his best work unless he has the co-operation of the other members of the trinity. That always is a good hospital where there is harmony."

Dr. Dickinson's remarks were warmly applauded.

Mayor Gillen of Newark welcomed the members at the morning session which was occupied with reports and election of officers for 1920-21. The following were chosen:

President, Dr. B. S. Pollak, Medical Director, Hudson County Tuberculosis Hospital, and Sanatorium, Secaucus, N. J.

Vice-Presidents, Rev. Thomas A. Hyde, superintendent. Christ Hospital, Morristown.

Miss Wilhelmina Kobbelear, superintendent, Memorial Hospital, Newark.

Miss Louise Pugh, superintendent, Middlesex General Hospital, New Brunswick.

Dr. Clyde H. Fish, superintendent, Atlantic County Tuberculosis Hospital, Northfield.

Miss Huldah Randall, Cooper Hospital, Camden.

Secretary-Treasurer, John M. Smith, superintendent, Muhlenberg Hospital, Plainfield.

Executive Committee: Chairman, Dr. George Landers, superintendent, Morristown Memorial Hospital, Morristown; Miss E. D. Ayres, superintendent, Elizabeth General Hospital; Jennie M. Shaw, superintendent, Women's and Children's Hospital, Newark.

DR. POLLAK ENDORSES HARMONY

In the afternoon addresses were made by Dr. Dickinson, on "The Doctor and the Hospital," and by Dr. John N. Bassin, chief surgeon, New Jersey Rehabilitation Commission, on "The Function of the Hospital and Its Obligation to the Industrially Injured Workman."

The new president, Dr. Pollak, endorsed Dr. Dickinson's remarks stating "we must go through the state preaching that gospel and reach not only superintendents, but boards and councils."

Dr. Bassin told the members that a survey of the hospitals of the state disclosed that but three of the 63 were equipped to handle compensation cases, cases calling for acute surgery, particularly of a bone and joint character. Of 400,000 persons engaged in industrial pursuits in the state, the speaker said, the records showed to date that 14,222 were entitled to compensation.

The speaker complained that the hospitals had been derelict in looking after compensation cases, that there



BERTHOLD S. POLLAK, M. D. Medical Director, Hudson County Tuberculosis Hospital and Sanatorium, Secaucus, N. J.

was great need for exhibiting greater zeal in preventive cases, and continued,

"Of 600 cases coming to our attention outside of Newark and Jersey City dismissed as being permanently disabled, fifty per cent were found subject to restoration of function."

Hospitals should do a great deal more in the direction of initial surgery, Dr. Bassin insisted and added that a department of physio-therapy should be established in every hospital.

Dr. Dickinson, who followed Dr. Bassin, commented on a statement made by Dr. Bassin that hospitals should be opened to outside physicians. He said this was the case west of the Mississippi, but that those in the east were closed, adding that the board of managers was morally responsible to patients not to permit other than the staff members access to patients and if the reverse was the case those who do poor and imperfect work might gain admittance.

He pointed out the great importance of proper diagnosis, declaring that intelligent bedside observation re-

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quired time, study, broad education in medicine, ability to interpret symptoms and signs and that for all this the institution depended upon the trained experts of the staff.

In Vienna, Dr. Dickinson went on, if a physician failed in 25 per cent of his bedside cases, he was called before the board of managers.

PAYS TRIBUTE TO NURSE

Dr. Dickinson advocated teaching the general public in the home and at the bedside how splendidly the profession was equipped for its great work of today, asking "how do you expect people to trust their lives to us if they do not know what it all means?"

He paid a tribute to the hospital nurse, to her nobility and the type of work she is doing and advocated calling her to the operating table so "she can get the real live stuff instead of the dead stuff in the textbooks."

In addition to those whose names are given above there were present Thomas R. Zulich, Paterson General Hospital; Dr. Joseph R. Morrow, superintendent, Bergen County Hospital, Oradell; David Schwab, superintendent, Barnert Memorial Hospital, Paterson; Dr. S. B. English, superintendent, Glen Gardner Tuberculosis Sanitarium, Glen Gardner; J. E. Runnels, Scotch Plains; Dr. H. E. Ricketts, Essex County Contagious Hospital, Belleville; Dr. Nevins, Jersey City Hospital; C. A. Talbot, superintendent, Newark City Hospital.

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

HYGIENE AND PUBLIC HEALTH (Lea & Febiger, Philadelphia) by Dr. George M. Price.

Dr. Price, an authority on sanitation, has written a second edition to his book, the most important change being a report by the American Public Health Association on Standard Regulations for the Control of Communicable Diseases. This has been added to the chapter on Prevention of Infectious Diseases. The author describes in turn Hygiene for Housing, Schools and Industries; Public Water, Food and Milk Supply; Disposal of Waste Matter; Public Nuisances; the Prevention of Infectious Diseases, and Federal Hygiene. Paragraphs commence in bold face type and there is a list of questions at the end of each chapter.

PHYSICAL RECONSTRUCTION AND ORTHO-PEDICS (Paul B. Hoeber, New York) by Harry Eaton Stewart, M. D.

This manual presents in condensed form outlines of the principles of orthopedics in the treatment of defects of childhood and industrial accidents and stresses massage, exercise and other forms of physio-therapy. The author writes for the reconstruction aid, physical director and orthopedic assistant as well as for the physician. A real addition to the subject of vocational therapy is the section devoted to this matter. A glossary of valuable assistance to those not trained in medicine, a complete index and many illustrations are other features of the book.

Sexton Named President

Connecticut Hospital Association holds first annual meeting at Hartford.

Lewis A. Sexton, M. D., superintendent of Hartford Hospital, was chosen president of the Connecticut Hospital Association at its first annual meeting at Hartford June 2. Other officers chosen included:

Frst vice-president, Dr. Hersey, superintendent, New Haven Hospital.

Second vice-president, F. Leon Hutchins, superintendent, Backus Hospital, Norwich.

Secretary, Miss K. M. Prindiville, superintendent, Lawrence Memorial Hospital, New London.

Treasurer, Miss J. Allison Hunter, superintendent, Grace Hospital, New Haven.

Executive committee officers of the association and William Bro-Smith, St. Francis Hospital, Hartford, chairman, Dr. McIver, superintendent, Bridgeport Hospital, and Miss Evelyn Wilson, superintendent, Stamford Hospital.

Membership committee, Edmund Weber, president, Stamford Hospital, the Rt. Rev. John G. Murray of St. Francis hospital, Hartford, and Miss J. Allison Hunter of Grace Hospital, New Haven.

Twenty-two institutions were represented at the convention at which were discussed the following subjects: the best method of increasing the enrollment in the training schools; uniform rates, uniform salaries and hours for special nurses; uniform record systems, industrial insurance, health insurance, hospital standardization.

Utah Association Meets

Representatives of every hospital in Utah were present at a meeting of the Utah State Hospital Association at Holy Cross Hospital, Salt Lake City, June 17. The greater part of the program was devoted to the question of nursing education. As a result of the discussion and a suggestion by Dr. Heber J. Sears, department of hygiene, University of Utah, the hospitals voted to affiliate with the University, so that student nurses could be given a three months' course in theoretical and laboratory work at the university before entering a hospital. Papers on the nursing question also were read by Miss Charlotte E. Dancy, superintendent of nurses at the Dr. W. H. Groves hospital, and Mrs. N. F. Crossland, superintendent of nurses at St. Mark's hospital, both of Salt Lake City.

The Bacon Round Table

The Round Table session under the chairmanship of Asa S. Bacon, superintendent of the Presbyterian Hospital, Chicago, which has been a feature of conventions of the American Hospital Association for several years, will be given a prominent place on the program at the Montreal convention October 4-8. Mr. Bacon has already been asked to take charge of this feature, and has accepted. At least one session will be given over to it, and possibly a longer period. Mr. Bacon has asked superintendents to send him questions which they would like to have discussed at this session.

Syracuse Clinic Is Incorporated

The Syracuse Clinic, of Syracuse, N. Y., has filed articles of incorporation. Dr. Thomas H. Halsted and Dr. Clarence E. Coon and seven other physicians and surgeons will conduct the enterprise.

Emphasize Educational Side of Training

Proper Publicity for Nursing School as Institution of Learning Will Attract Increased Number of Students

By Christopher G. Parnall, M. D., Superintendent University Hospital, Ann Arbor, Mich.

From the records and from the experiences of those who are capable of drawing correct conclusions, it can safely be stated that there exists, at the present time, a shortage, the country over, in nursing service. Yet figures would seem to indicate that there are more pupils in training at the present time than ever before in the history of the profession of nursing. Apparently there never has been an adequate supply of nurses and the demand at the present time surely is greater in comparison with the supply than ever before.

The shortage is, after all, then, a relative shortage. It is probably true that during the past year fewer young women entered training schools than in the year preceding, which, of course, may be explained by the withdrawal of the incentive of the desire for service, inspired by patriotic motives.

We must bend our energies toward remedying this condition, even though the shortage of nurses be relative, as the demand for skilled nursing is sure for some time to exceed the supply. Doubtless large numbers of new hospitals will be established, because of the now generally accepted view that the hospital is the place in which to treat the sick. Such an attitude on the part of people generally toward the hospital will, in a measure, assist in solving the problem of furnishing adequate nursing service, for after all, the keenest demand in the past has been for nursing service in individual homes.

EXPEDIENTS NOT FAVORED

A number of plans have been proposed. Some of them are good; most of them, ignoring the fundamental facts, are, in my opinion, bad. First of all is the unwise proposal to shorten the period of nurses' training, in the hope that more nurses in this way could be prepared for their professional work.

While it is conceded by those familiar with nurses' education that much of the time spent in the school is wasted as far as the actual training of the student is concerned, it is just as apparent, on the other hand, that the average nurse of today is not properly prepared. Rather than to shorten the time, we should emphasize the importance of utilizing it to the best advantage.

Some have advocated the lowering of standards of entrance to the training schools. Such a policy would prove a boomerang. It is inconceivable to any thoughtful person that it would result other than disastrously. Young women ill prepared might be attracted, to be sure, but certainly those who are adequately educated could only be repelled, and it is important, in this connection, to recognize the fact that ambition to enter the nursing profession comes with increased enlightenment and intelligent desire to be of service to humanity. Larger

From a paper on "The National Problem of Demand and Supply of Nursing Service" read before the American Nurses' Association convention at Atlanta, Ga., April 12-17, 1920.

numbers of recruits can hence be expected from the more highly educated group of inspired young women than from the class actuated largely by less noble considerations.

That this contention is correct is, to my mind, borne out by the fact that a greater shortage in the domestic division of the hospital exists than in the nursing department. Young women are not seeking inferior positions in the service of the hospital, for they can earn more money outside and under more agreeable surroundings. Student nurses will do maids' work because they are inspired with a higher motive than mere pecuniary gain. The natural result is that most hospitals are taking advantage of the altruistic attitude of the nurses in order to help tide over the period of shortage of domestic help.

SHORTAGE OF WORKERS EVERYWHERE

While discussing this point, I beg to suggest to you that the shortage is as great in other lines as it is in nursing. Schools have had to be closed on account of the lack of teachers, farms are standing uncultivated because of the inability of the owners to secure labor, communities are raising bonuses to induce physicians to come to them, and managers of industry, college professors, lawyers and clergymen are dictating their inspirations to mechanical contraptions because of the scarcity and high cost of stenographers.

The shortage of nurses, then, is only an item in a general dearth of workers in many fields of endeavor, and it is not to be expected that any remedy or combination of remedies is going to give immediate relief. That a readjustment must come I have no doubt, and that we should suggest remedial measures with caution is a large part of the message that I wish here to bring to you.

Another proposal put forth by representative members of the nursing and medical professions with a fervor which after developments will, I believe, hardly justify. is to establish a second class of nurses. The trained attendant, in the minds of some of my good friends, will furnish the conclusion of our "film" of tragic trouble which will permit us to "live happily ever after."

If there were any remote probability that the creation of a second class of nurses would supply the demand for nursing service, I should be the first to advocate the innovation, but I am not able sufficiently to perceive the light to see anything but an opposite result than the one we all desire, if we give ourselves up to the unqualified advocacy of this expedient.

PLACE FOR THE ATTENDANT

There is undoubtedly a place for the attendant and the ward maid, but it is not in the field of nursing, that is, if my conception of the field of nursing is correct. As well to advocate a second and inferior class of med-

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ical attendant to take the place of the competent physician, or to urge the creation of a new worker in the field of theology, to supply the need for the inspired clergyman; such a worker to be known, perhaps, as a spiritual advisor, second class, or something more euphonious, but all to the same purpose. The attendant may assist the nurse, may substitute for her in emergency, but she can never take her place or fulfill her obligations.

What, then, is to be done which will hold out any hope of success in supplying the demand for nurses? That the demand is relative, as before mentioned, is of no consequence. We need more nurses, and in the future we shall need increasingly more nurses.

Let us return to fundamental facts. At the present time in this country innumerable opportunities are open to young women, especially to young women with education, ability and vision. The institutions of learning are overcrowded. Might it not be logical to assume that if the training school becomes an institution of learning, it will attract such numbers of the right kind of young women that we shall suffer an embarrassment of riches? If the training school actually becomes primarily an educational institution, and, through adequate publicity, young women can be made to realize that in the nurses' training they will obtain a liberal education, most of our difficulties will disappear.

EXPERIENCE OF THE ARMY

In this connection the policy of the army in securing nursing service is well worth serious study. Nurses were needed and needed badly. There were those who held that the only solution to the problem was to recruit enormous numbers of young women who could serve, picturesquely of course, as nurses' aids. Fortunately, there were those in control whose judgment was not befogged by the clamor for an immediate solution to the problem as it existed two years ago. The problem could not be solved immediately, any more than it can be now. However, it was solved expeditiously and logically by recognizing the underlying problems. The standards were not lowered and the outcome was most successful. The combination which secured the result was the assurance given that a liberal education would be furnished and the means taken to make this policy known to the young women of the country who wanted to be of service to humanity and who had the necessary qualifications to serve intelligently.

NURSING OF THE FUTURE

As I see it, the nursing of the future will be radically different from present or past practice. The change will undoubtedly be for the better, both for nurses and for the public generally. Coincidentally, there will be a radical rearrangement of the methods of medical practice. The physician of the future cannot give the service which will be expected and which he is capable of rendering if he works alone. Individualism in medicine must give way to co-operative effort. No one man can cover the whole broad field of medicine, and there is a tendency, already apparent, for the best medical men to gather themselves into groups and in this way enable themselves to render a service to the public that they would be incapable of providing if the individuals of the group

worked alone. This is what we have come to term "group practice." In effect, it is medical team work. As this type of practice develops, it is inevitable that something must be supplied to take the place of the service formerly rendered by the family physician.

To my mind, this service has not been altogether medical, and it is quite reasonable to believe that the thoroughly qualified nurse, either in the capacity of a visiting nurse or on private duty, may supplant, at least in part, the family medical attendant. She will, of course, operate under the direction of competent medical advisors, and in no sense can she be regarded as usurping the proper functions of the thoroughly competent physician.

The time has passed when any individual may, irrespective of his ailment, demand the undivided attention of a trained nurse. As with the medical practice of the future, so in the practice of nursing, individuals must gather in groups in order more effectively to conserve effort and give service. Such groups, both medical and nursing, undoubtedly, will gather about the hospitals, community health centers and private headquarters, from which their influence and their efforts will be directed in service to the community and to the individuals composing it.

In developing such a plan for the nursing service of the future, certain analogies may be assumed to the practice of medicine. Here, I grant, is a field for two classes of nurses, but in the same sense as there are two classes of doctors. As we have the practitioner of medicine, we will have the practitioner of nursing; corresponding with the specialist in medicine and the teachers in the medical schools, will be the nurses in executive positions, in specialized public health nursing, in institutional work and in nursing education. In other words, instead of a second class of so-called "junior" nurses, I would advocate a class of supernurses, women with superior education and enlightened views, capable of directing programs of health conservation and of education for the people at large.

\$2,500,000 for Hospitals Baptists Plan Five Additional Institutions

Baptists Plan Five Additional Institutions in South: \$1,500,000 For New Orleans

The problem of providing additional hospital facilites for the South was taken up in detail at the recent Southern Baptist Convention in Washington. It was shown that the Baptist Church is operating hospitals in nine states, and is working on plans for at least five other institutions, which call for an outlay of nearly \$2,500,000.

The location and estimated cost of the proposed buildings are:

Louisville, Ky., \$400,000.

Alabama, \$250,000.

North Carolina, \$300,000.

New Orleans, \$1,500,000.

In addition to these institutions, a Baptist hospital also is to be established at Lynchburg, Va.

Stevens To Go To France

Edward F. Stevens, Boston architect who specializes in hospital and institution work, will sail for France in a few weeks for important consultations in Paris.

DIETARY DEPARTMENT

FOOD, ITS SELECTION, PREPARATION, SERVICE

Conducted by
E. M. GERAGHTY

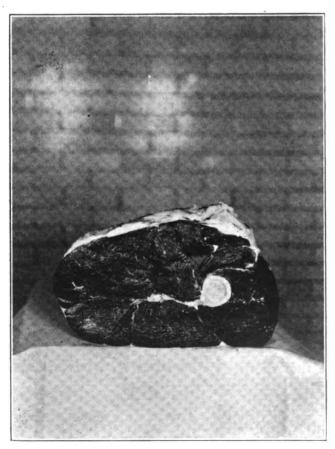
SECRETARY, AMERICAN DIETETIC ASSOCIATION,
417 S. Dearborn Street, Chicago.

How to Judge Meat for Quality

By K. F. Warner, Bureau of Agricultural Research, Armour & Co., Chicago

The ideal beef carcass should be wide, thick, smooth, uniform and rather short or blocky with a rounding, meaty appearance. Fat should cover the carcass carrying along the round to the hock, and down the shoulder to the neck.

The fat should be hard and smooth with a light cream or almost white color. When the carcass is broken up the meat should show a bright, attractive red color rather than a pale watery pink or a dark black red. The lean should be firm, yet velvety to the touch, in contrast to wetness or dry coarseness. Flakes of fat should be well interspersed or marbled between the muscle fibers. The



ROUND-DARK AND LACKING MARBLING.

muscles themselves should be full and rather bulging in appearance.

Beef can be roughly classified as steers, yearlings, heifers, cows and bulls. There are, of course, various grades within each class. Steer carcasses are generally fairly heavy and show a typical broken cod fat, full thick round, broad loin and rib. Yearlings resemble steers except that they are lighter, generally carry a whiter color of fat and show less thickness and fullness. The lean muscles are a lighter red than older steers; the bones are a lighter red, are more porous, and carry a large button of cartilage on the end of the shin bone. These points are typical of all young cattle. Heifers resemble yearlings quite closely. The smooth fat of the udder contrasts with the cod fat of the steer.

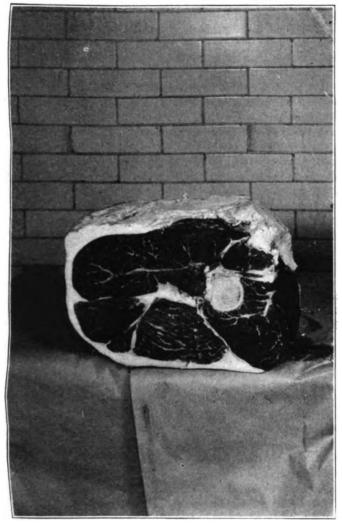
Cows have passed beyond the strictly beef producing stage to the calf producing stage. Consequently their carcasses are usually rougher, roomier inside, heavier in the plate, and lighter and narrower in the back and round. The bones show the whiteness, hardness, and lack of cartilage which is characteristic of older cattle. The muscles are generally drier, coarser and darker than those of steers. The fat frequently carries a yellow tinge which is particularly pronounced in cattle of dairy breeding. Bull carcasses show a pronounced muscular development especially in the round, shoulder and neck. The covering of fat is often very thin. The muscle itself is darker and drier than the average cow beef. The broken cod fat, full round, and heavy crest are the chief distinquishing characteristics.

Well finished two and three year old steers produce tender meat which has the greatest amount of flavor and juiciness. The beef from yearlings and heifers is not as high in flavor, but is extremely tender and palatable. They also yield small cuts which are more nearly "family" size. Cows and bulls naturally cut out meat whose age and quality necessitate more careful and complete cooking.

LAMB AND MUTTON

The lamb or mutton carcass should have the same general characteristics as a good beef carcass with the exception that the fat will be smoother and whiter, and the lean muscles will show a little different color of red. About 80 per cent of this class of meat is known as "lamb." It comes from animals of both sexes which are under twelve month of age. "Yearlings" come from wethers about twelve to eighteen months of age, ewes over a year old and the other older miscellaneous classes such as wethers. bucks, etc., produce "mutton."

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ROUND FROM THE PRIME STEER.

Just above the pastern in the fore leg of the lamb is a suture or false joint. This "flat" joint will "break" in all immature sheep and the fore feet of all lambs are unjointed here. As the animal matures this suture ossifies or grows together. Consequently the fore feet of older sheep must be taken off at the true joint. The fore legs of all mutton carcasses, therefore show this "round" or "mutton" joint. Ewe lambs will cease to break when about twelve months old and pass over at that time into the mutton class. Wethers mature more slowly and will generally break until they are around eighteen months Other lambs and yearlings show a dry, white, "boney" surface on the break joint in contrast to the pink, "soft," younger look of the less mature lambs. Yearling carcasses are generally heavier than lambs though some native lambs will weigh sixty pounds dressed. Older ewes ordinarily yield a bulkier, roomier, framier carcass which compares with the lamb type in about the same way that cows compare with good steer carcasses. Lambs cut out the handy weight chops and roasts. Muttone produces the larger "hotel" cuts.

Mutton is credited with a stronger flavor than lamb. This is not altogether true although mutton generally carries a deeper, more richly flavored covering of fat. Prime, well finished carcasses of both lamb and mutton have a most palatable flavor which must not be confused with the sharper taste of the poorer grades.

Dietetics Developing Rapidly

By Lulu Graves, President, American Dietetic Association.

[EDITOR'S NOTE: 'The following article is from a paper read at the Lake Placid, N. Y., Conference on Group Living, May 27, 1920.]

The story of the development of dietetics during the past few years sounds much like a fairy tale, but this story might well begin "Once upon a time NOT so very long ago the dietitian was generally considered a non-essential citizen."

One who gave intelligent thought to the selection of his food was called a faddist, but to-day the people who treat lightly the subject of nutrition or dietetics are the ones who have not kept in touch with its development and are therefore ignorant of the important relation between flutrition and health, and, through health, to happiness and success of the individual and the race.

For a time the hospital was the only place in which a dietitian was known—and she was not very well known there. Her duties were performed in a kitchen located in the basement, or some other obscure place, and her position was equally obscure. No one ever thought of bestowing upon her any authority or of taking her into consultation on any point pertaining to the treatment of a patient.

Naturally such a position offered little attraction for a woman with training or experience and the young graduate with any initiative who did accept it remained in it only long enough to enable her to say she had had experience. Schools of home economics discouraged their students from taking up this work and when they received from a hospital superintendent a request for a dietitian, they usually recommended to him one of their less promising dietitians.

Thus we went on for many years with little or nothing being done in this important phase of therapy by the hospital, medical man, dietitian, or schools. I wonder if we realize how much we owe to the nutrition expert, not alone for what he has done as a nutrition expert, but because of the part he has played in waking us up, and making the medical man, dietitian and teacher realize the value of the practical application of the knowledge of foods.

We need not take time to follow through the development, but at present the above mentioned people are not the only ones interested in dietetics and dieto-therapy. Besides these, investigations are being made in the various phases of these subjects by the physiologist, the economist, the agriculturist. As an illustration of this wide and varied interest we may refer to two books recently published. Prof. Carlson's "Hunger in Health and Disease" is a decidedly technical report of a very careful study of the stomach with the object stated in the title. As the control of hunger and appetite play an important role in the control of disease, Prof. Carlson urges that a more intensive study of this subject be made by physiologists and clinicians. Then we have a book not at all technical, but containing valuable data for use of the agriculturalist and economist, Raymond Pearl's "The Nation's Food." While these books treat the subject of foods from

(Continued on the Page of 1)

"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round



LEWIS A. SEXTON, M. D. Superintendent, Hartford Hospital, Hartford, Conn.

Dr. Sexton is the new president of the Connecticut Hospital Association, having been elected at the first annual meeting of the organization in June. He is widely known among hospital executives of the country, having served as chairman of the nominating committee of the American Hospital Association at its last meeting when nominees had to be selected for every office in the Association with the exception of two trusteeships.

Dr. Sexton began his connection with hospitals in an executive capacity in 1914 when he was appointed assistant superintendent of Johns Hopkins Hospital, Baltimore, a position that he held until 1917 when he went to Hartford.

Dr. Sexton was born in Tennessee 44 years ago and is a graduate of Vanderbilt University, class of 1906. He served a year's internship at the Nashville City Hospital and then became resident physician at Willard Parker Hospital, New York, serving there and at Reception Hospital until 1914 when he was called to Johns Hopkins.

Under Dr. Sexton's direction the Connecticut Association plans an active campaign in hospital management during the next year. Members of the association are evincing deep interest in its development and are now considering whether their meetings should be held semi-annually in order to have more discussion of hospital problems.

Miss Emily Ryder and Miss Jennie Malmgren are in charge of Pacific Hospital, San Luis Obispo, Calif. This institution recently was taken over by Dr. N. J. Shields.

Mrs. A. D. Smallwood, who recently tendered her

resignation as superintendent of Union Hospital, New Philadelphia, O., has been succeeded by Miss Caroline Regula. Miss Emma Goldinger of Tarentum, Pa., who was in temporary charge of the hospital pending the appointment of Miss Regula, has gone to Pittsburgh.

Dr. Samuel Dodds has assumed the duties of superintendent of the Northern Indiana Hospital for the Insane at Logansport, succeeding Dr. Paul E. Bowers, who has taken charge of a government hospital in California. Dr. Dodds has had a great deal of experience in the treatment of the insane. Prior to going to Longansport he was connected with the Southeastern Indiana Hospital at Madison.

Dr. Irwin H. Neff, recently superintendent of the Norfolk, Mass., State Hospital and formerly connected with the Pontiac and Kalamazoo State Hospitals, has opened offices in Detroit for practice in neurology and psychiatry.

Miss Mary Yager, superintendent of the Maternity and Children's Hospital of Toledo, recently supervised the transfer of 30 patients and equipment to the new building, which has a capacity of 80 beds.

Miss Emily Greenwood, a graduate of the General Hospital, Hamilton, Ont., class of 1916, began her duties as superintendent of Nichols Memorial Hospital, Battle Creek, Mich., on June 18. She formerly was superintendent of the Peoria Municipal Sanitarium, Peoria, Ill.

Dr. Lorin A. Greene, Greenville, has been appointed superintendent of the new Florida Colony for Feebleminded and Epileptics.

Miss Pearl Smith, superintendent of Utica, N. Y., General Hospital, is in charge of a campaign in Oneida and Herkimer counties to have eligible nurses associate themselves with Mary K. Cairns Nurses' Post, American Legion.

Mr. Frank A. Southard has been appointed assistant executive officer at United States Public Health Hospital No. 10 at Arrowhead Springs, Calif. The institution at present has a capacity of 250 beds and is to be enlarged.

Miss Helen Z. Gill is the new superintendent of the North Shore Babies' Hospital, Salem. Mass. This institution has taken care of more than 1,000 babies since its organization ten years ago. Miss Gill had charge of 800 refugee babies in a hospital in Toul, France, during the war. She has been doing infant welfare work since her return from overseas in March, 1919.

The Infants' Summer Hospital at Charlotte, near Rochester, N. Y., has been opened with Miss Anna Hastings in charge.

Miss Elizabeth Williams, Johnstown, Pa., became superintendent of the Newark, O., City Hospital July 1. succeeding Miss Frances Berhurst, who resigned to accept a position of superintendent of a new institution opened in Columbus, O., by Dr. U. K. Essington and other physicians. Miss Williams received her training in Johnstown and went to Newark after four years' service in the Shenandoah Hospital, Roanoke, Va.

Miss Agnes M. MacDougal of Lawrence on July 1 became superintendent of the Haverhill, Mass., Sanitarium. She had been in charge of the Lawrence tuberculosis hospital for nearly three years.

Miss Addie Knox, superintendent of St. Luke's Hospital, Bellingham, Wash., took a leading part in the recent organization of a nurses' registry in that city.

THE HOSPITAL ROUND TABLE

Expensive Rooms

Hospital rooms furnished on a par with first class hotels may not pay in small communities, but in larger cities where there is a number of wealthy people they should be an asset to the institution. There is one superintendent who regards his \$15-a-day rooms in such a light. He spent a considerable sum to equip them with fine rugs, mahogany furniture, pictures, drapes, etc., but he insists that this expenditure has been repaid already and the rooms are patronized as much as the next lower priced compartments.

Besides netting a profit to the hospital directly, the superintendent asserts that the high priced rooms bring occupants to those next in price and thus further help the institution to meet its operating expenses.

"Before we furnished these rooms," he explained, "our prices ranged from \$4 to \$10 a day. Wealthy people to whom cost was no question, therefore, took the \$10 rooms and those who felt they could not afford the best, but who refused to use the cheapest rooms usually selected a \$6 or \$8 room. When we tell inquirers that our prices range from \$4 to \$15, however, people who can afford it, refuse to consider rooms less than \$8 to \$10 and, as I said, our most expensive rooms are well patronized."

Variety for Patients

A superintendent who constantly studies methods of making his hospital as homelike as possible recently called attention to the different colored paint used in the rooms and the variety of borders and decorations employed. It is a large institution and there were more than a dozen combinations of color and decoration in practically every grade of room. This superintendent admitted that this meant a little more outlay than would have been necessary had all the rooms been painted the same color and with uniform borders on the walls, but he declared that the investment was well worth while because of its reaction on the patients, who are allowed to inspect the different color schemes and choose the room they like the best. The initial outlay, incidentally, represents the only difference in cost, since the regulation flat paint is used which can be washed.

Etiquet for Nurses

The dining room vs. the cafeteria is a favorite subject for argument among hospital executives who are about equally divided regarding the merits of each system. An unusual argument in favor of the dining room was advanced recently by a superintendent who, however, said he believed the cafeteria was more economical.

"I believe that nurse training, as furnished by a hospital includes table etiquet as well as anything else," he began. "That's why I have refused to install a cafeteria although such an installation would mean a saving. But our nurses go from this hospital into the best homes and it would be a sad reflection on us if their behavior at the

table should show lack of training. Even a girl whose table manners have been neglected will become well versed in etiquet after she associates with the head nurses and her better bred class mates three times a day during her three years of training. That's the principal reason I favor the dining room."

Favorable First Impressions

The importance of creating a favorable impression on a patient or his friends from the very outset is fully realized by one superintendent who regards his "information desk" as one of the biggest factors in the success of his institution. He has placed this desk just inside the main entrance to the lobby, with a sign prominently displayed and a most agreeable and tactful young woman in charge. This young woman makes it a point to learn something of the history of every patient who is to be cared for, obtaining this information from the doctor, and when the patient comes and tells her his name she informs him that everything is in readiness and directs him to his room. Her air of friendly interest and assurance that the doctor and the hospital have made all arrangements for his care instill confidence and gratitude and the patient thus begins his stay under the best conditions both for himself and the institution and its staff. This particular young woman is a graduate nurse of several years' experience, including service in France, but her ability to greet visitors and make them feel at home is such that the superintendent says that the good salary paid her is fully justified.

Using the Roof

A hospital superintendent in need for room for various purposes and whose building was hemmed in by residences and business houses hit upon an idea that may be profitable to other executives in the same position. He had a contractor alter the roof of the building and erect a spacious, glazed shelter with compartments for use as a lounging room for convalescents, for recreation for nurses and meetings of auxiliaries. Toilets have been installed, elevator service extended and radiators provided, so to all intents and purposes the hospital has the use of three or four large rooms at a cost much less than that required to have constructed them on the ground.

Dehvdrated Foods

A number of hospital superintendents are investigating the subject of dehydrated foods since the outlook is for greatly increased prices for canned goods. Methods of dehydrating foods have been so perfected that they are immeasurably superior to those used before the days of canning. Besides the cost of container, materials for preserving and the labor involved, dehydrated foods afford a saving in bulk and weight and the purchaser buys nothing but usable food. It has been established by laboratory tests that foods, dehydrated by modern processes, lose little or none of their food properties.

Hospital Management

Published in the Interest of Executives in Every Department of Hospital Work

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Vol. X July, 1920 No. 1

Our Platform

- 1. Better service for patients.
- 2. Hospital facilities for every citizen.
- 3. Adequate training for hospital executives and staffs.
- 4. Education of the public to its responsibility and duty toward hospitals.

Our Platform

In inscribing "Volume X, Number 1," in this issue, Hospital Management takes occasion to put into so many words the platform on which it was founded and by which it has been, and will continue to be, guided. This is the open season for platforms, but in contrast to those written at Chicago and at San Francisco, which, according to rival partisans, "don't mean anything", the propositions preceding this article mean a great deal to hospitals.

"Better service for patients" is the ideal of every worth while hospital and to help achieve this Hospital Management came into being. It believed that better service would come to an institution only by learning and following the latest and most practical ideas of hospital administration and since its first issue Hospital Management has earnestly sought out these ideas and passed them on.

"Hospital facilities for every citizen" must come with the improvement of service, for better service in itself means proper facilities. Better service also implies better facilities for training those in charge of the sick and injured, hence "Adequate training for hospital executives and staffs" is linked closely to the first two propositions in HOSPITAL MANAGEMENT'S platform.

Plank No. 4, "Education of the public to its responsibility and duty toward hospitals" is another integral part of better service. Although hospitals stand in the same relation to saving life as fire and police departments do to property, the public has failed to recognize this fact and in some quarters hospitals have even been looked on with suspicion and distrust. Until this attitude is changed and the public learns that it actually has obligations toward hospitals this effort to provide better service for patients will be retarded.

So, with the beginning of Volume Ten Hospital Management once more pledges itself to its tasks of helping hospitals realize their ideals. That its labors have been appreciated has been attested to in many ways including a large and rapidly growing list of subscribers.

Building Costs vs. Dietitians' Salaries

Rising costs of materials and labor have not deterred hospital boards from going ahead with the construction of new buildings when the demands on the institution made increased facilities imperative. Business and industry have furnished many examples of postponed building programs or delayed installation of machinery in the hope that prices would drop, but hospital authorities consider only the needs of the people, and cost of construction or equipment does not enter into the problem with the same force that it does in business life.

Some hospital boards, however, do not seem to carry out this policy of providing the best possible service, regardless of cost, to a conclusion. They authorize buildings and equipment of the best and most up-to-date type and then seem to forget that efficient management of all departments is just as much a factor in maintaining service as the physical aspect of the institution. The low salaries paid department heads in hospitals, generally, do not attract the type of people capable of administering these departments to best advantage and as a result, despite the costly building and elaborate equipment, a hospital frequently fails by a wide margin to render the service that ought to be expected of it.

The dietary department of a hospital is a typical example of the case in point. When it is considered that as high as 55 per cent of a hospital's expenditures goes for food, its preparation and service, the importance of an experienced dietitian is understood. A dietitian no longer is a sort of an exalted cook. She makes a thorough study not only of the health value of food and methods of preparation, but of market conditions, cooking and serving, administration, in fact, all phases of food service. She is capable of taking complete charge of the dietary department and conducting it most economically and efficiently. As a matter of fact the dietitian is absolutely indispensable to the high grade hospital.

Incidentally, this fact is being realized by hospital authorities, judging from the increasing requests for dietitians. But hospitals, while admitting the new plane reached by dietitians, are prone to remunerate them under the old standards and for this reason hotels and industrial concerns that also realized the worth of a dietitian are

Hospital Convention Calendar

Mississippi Valley Conference on Tuberculosis, Duluth, September 2, 3, 4.

Mississippi Valley Sanatorium Association, Duluth, September 3.

Minnesota Hospital Association, Duluth, September, 1920.

National Society for the Promotion of Occupational Therapy, Philadelphia, September 13-15, 1920.

American Hospital Association, Montreal, October 4-8, 1920.

Saskatchewan Hospital Association, Saskatoon, October, 1920.

American Conference on Hospital Service, Montreal, October 4, 1920.

American College of Surgeons, Montreal, October 11-15, 1920.

American Dietetic Association, New York City, October 25-27, 1920.

Michigan Hospital Association, Grand Rapids, December 7-8, 1920.

American Sanatorium Association, Rochester, N. Y., December, 1920.

National Methodist Hospitals and Homes Asso-

ciation, Chicago, February 15-16, 1921. Ohio Hospital Association, Toledo, May 1921.

Oklahoma State Hospital Association, Mc-Alester, May, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

offering commensurate salaries, with which hospitals thus far have failed to compete.

A dietitian is just as essential to an efficient hospital as a modern building. Boards are not haggling over costs of construction when increased facilities are needed—and they shouldn't be averse to paying the administrator of the dietary department a salary in keeping with her economic value to the institution.

Spreading the Gospel of Harmony

The New Jersey Hospital Association, from the tenor of its second annual meeting at Newark as reported on another page, bids fair to take an early place among the leading state associations. Co-operation and harmony among trustees, superintendents and doctors, as Hospital Management has frequently pointed out, is the greatest factor in hospital development and the New Jersey Association has indicated its resolve to spread this doctrine to every institution in the state.

"We must go through the state preaching that gospel and reach not only superintendents, but boards and councils," said Dr. B. S. Pollak, medical director, Hudson County Tuberculosis Hospital and Sanatorium, Secaucus, the new president, in endorsing the talk of Dr. Gordon K. Dickinson, superintendent, Christ Hospital, Jersey City, whose urgent plea for harmony was warmly applauded.

DR. DICKINSON in his address mentioned frequent references in HOSPITAL MANAGEMENT to the importance

of co-operation among the various factors in hospital administration and Hospital Management takes this opportunity to say that never before in the history of hospitals was harmony more necessary.

The numerous departments of a hospital offer innumerable chances for waste and inefficiency even in normal times. The shortage of nurses, the scarcity and high prices of supplies and materials, the financial situation and other evils of today put the highest premium on harmony.

Hospitals and Newspapers

A column of unfavorable publicity a day for three successive days was given a hospital in a southern town recently following the refusal of the matron to answer questions of a reporter regarding the death of a patient. This harmful effect, however, was only a detail of the incident, for at last accounts a three-cornered argument was going on, involving the hospital superintendent, the trustees and the staff.

To show how far-reaching may be the effect of the failure of a hospital to assist a reporter in an ordinary instance, the series of misfortunes that befell the institution in question is cited. In this instance the reporter had been "tipped off" to the death by a minister. When he telephoned the hospital the matron denied all knowledge of the death or that a patient of that name had been admitted. An article, therefore, appeared on the front page of the paper, skillfully setting the word of the minister against that of the matron and letting the public judge whether or not the institution was trying to hold something back. The next day there was another column for the trustees had met and passed a rule forbidding any employe of the hospital to talk to a newspaper man. Leading physicians of the town were interviewed in connection with this censorship and all asserted that with the exception of certain operations, and where patients objected, etc., they saw no objection in making public hospital happenings. The third day saw the column devoted to interviews with the trustees, all of whom denied putting the censorship into force and shifting the blame to the physicians.

Of course, the whole affair eventually will be smoothed over, but it will leave a certain amount of ill feeling. The publicity the hospital has received, meanwhile, will only serve to confirm the suspicions of those who regard the institution as a "house of mystery", a title conferred on it in the articles. And the worst part of the whole affair is that the entire incident could have been avoided had the hospital authorities given the reporter the information he desired.

Every hospital, at some time or another, is confronted with a request for information from a newspaper. The safest policy to pursue is to deal frankly with the reporter and thus make him a friend instead of an enemy. Newspapers have innumerable sources of information, anyway, and in the majority of cases they obtain the facts they want when they want them. Why not put them under obligations by assisting when called on, particularly when, as was the case at hand, the item might mean only a line or two when the facts were learned, or not even that?

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132,913 Sick and Injury Cases in a Year

Medical Department of Pennsylvania Railroad Company Does Vast Amount of Work; to Extend Service

By J. L. Bower, M. D., Chief Medical Examiner, Pennsylvania Railroad

When the Relief Department was organized in 1886, preventive medicine was in its swaddling clothes; in fact, except for the vaccination against smallpox, but little effort was made to conserve the health of the community. But the general public of this day expects more from the medical profession than was demanded by the public in the days gone by.

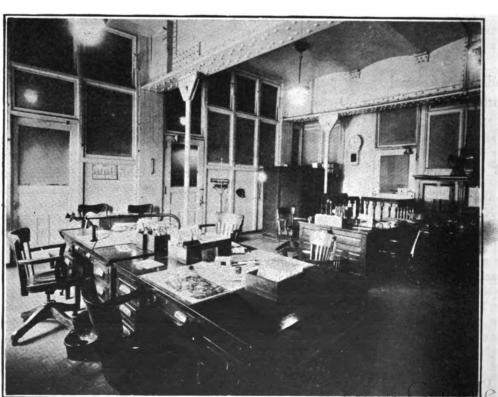
The signs of the times are unmistakable that in all civilized countries the era of preventive medicine has dawned. Granting the great importance of curative measures, we now see clearly that the paramount object in the fight against disease is prevention; to prevent the occurrence of communicable disease or to restrict its spread; moreover, by providing hygienic and sanitary

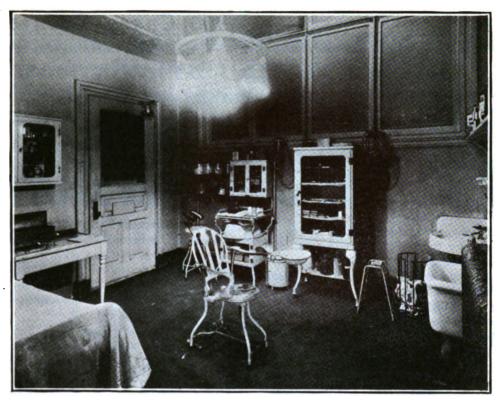
conditions everywhere, to create and build up a healthy race, for everyone is entitled to the natural birth-right of health and longevity.

It has been well said that the efficiency of a nation depends largely upon the health of its people. It is well nigh impossible for any individual, state or nation to achieve really great things without good health. Let us recall what preventive medicine has thus far accomplished.

Smallpox, through vaccination, belongs to the limbo of the past and is now practically a medical curiosity. Typhoid fever, by analogous procedure and by the purification of the water supply, has been largely eliminated. Diphtheria, by the proper use of anti-toxic serum, has lost

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INTERVIEWED





VIEW OF A
CLINIC OF
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RAILROAD COMPANY WHERE
SICK AND
INJURED
EMPLOYES AND
PATIENTS
ARE TREATED

its terrors. Malaria and yellow fever, by drainage of waste lands, thus destroying the habitat of certain mosquitoes, is entirely preventable. Specific immunization or the artificial immunity against the attacks of the microbe of disease, by the use of vaccines and immune sera, combined with proper living, bears the promise of untold possibilities for a long-suffering humanity.

Our department is very fortunate in having as its superintendent Mr. E. B. Hunt, who is possessed of broad human sympathies and has a great clarity of vision and an unusual ability to translate the vision into deeds. Under his management great strides have been made in all that pertains to the welfare of the members of the fund and employes of the company generally.

GREAT STRESS ON FIRST AID WORK

Recognizing the principal that prevention of an ill is much better than its cure and that prompt attention to minor accidents will prevent grave infections which always results in suffering, lost time, wages and production, great stress is laid on first aid work, and this, by direction of the management, has been placed under the jurisdiction of the Relief Department. First aid packets are widely distributed—they are to be found on all engines in baggage cars, cabooses, at stations, at towers and are available to practically every employe.

At hundreds of points where a considerable number of employes are located, first aid cabinets, with a more elaborate outfit, are provided. At industrial centers, such as shops, numerous first aid rooms, fully equipped, have been established, with a properly instructed first aid man in constant attendance and with a daily visit by the Medical Examiner, who makes all redressings and prescribes for minor ills of all employes presenting themselves. We believe the employe appreciates the fact that there is someone to whom he can go for consultation and advice regarding such ailments as may develop in the day's work

and where his needs are cared for in a sympathetic manner.

Instruction in first aid, resuscitation from electric shock, in health matters, including sanitation and personal hygiene, is given by the Medical Corps. First aid corps, properly instructed, have been established at all points where first aid cabinets have been placed, in order that the sick and injured employe will receive prompt and intelligent care.

At large terminals, such as New York, Trenton, Philadelphia, Harrisburg, Pitcairn, Pittsburgh and Washington, there is a physician of the department on duty day and night to care for sickness and injury to both employe and passenger. At Washington a trained nurse assists the physician and her services are highly appreciated by all. In the not distant future it is hoped to extend the nurse service to other points, particularly where considerable industrial work is being done.

Not infrequently a physician, in the case of serious disability, accompanies patients, either passenger or employe, on trains to their destinations, or until they are in safe hands or danger is past. Numerous calls are responded to at the rest rooms for women to care for disabled employes. Sanitary inspection of camps, dormitories and many other places is a part of the routine duty. In addition, all food handlers at the company restaurants and such employes on all dining cars are examined monthly in order to eliminate all persons who may be suffering from communicable diseases and thus be a menace to others.

EYE DEPARTMENT ESTABLISHED

Three years ago an eye department was established at office of the Chief Medical Examiner. It is fully outfitted with latest scientific instruments and devices to treat diseases of the eye and especially to correct refractive errors. This service is open to any one con-

nected with the company and without expense, save for actual cost of glasses when required. Numbers of employes failing in visual acuity at their periodical examinations through the efficient work of the oculist in charge of this department have had their vision corrected to the required standard and have thus been able to retain their positions at little or no cost and with no loss of time. In the near future it is contemplated to place similarly equipped eye establishments at several of the large terminals for the greater use and convenience of all needing such help.

It is hoped at an early day to install an elaborate X-Ray outfit and laboratory in connection with Chief Medical Examiner's office, with an expert in charge, for employes requiring such examination for the exact determination of diagnosis and for treatment in certain cases, without cost to the individual. Eventually it is expected that X-Ray units will be placed in the chief industrial centers of the company. Consulations are of frequent occurrence in the office of the Chief Medical Examiner, with a view of giving the employe every possible advice in reference to his disability.

The vast amount of work done by the physicians of this department in caring for accident and sick cases mostly emergency cases—is almost beyond belief. In 1919 there were treated 82,265 accident and 46,648 sick cases, a total of 132.913. Furthermore, it is well done, for our physicians have the requisite training and experience. No physician is employed unless he has had satisfactory hospital experience and until he has passed an approved examination in all branches of medicine. In addition, many of the corps had most valuable experience in the late world war. Attendance by the entire corps at surgical clinics at regular periods is a uniform practice, besides frequent meetings are held in the office of the superintendent for the discussion of medical questions, including sanitation, hygiene and the welfare of the employes generally.

Commission Rules on Women Employes

The Washington Industrial Welfare Commission has again raised the salaries of women employed in restaurant and hotel business. Prior to this time the minimum wage has been \$15.00, and before that it was \$13.00. Employment is limited to six days in one week. No person, firm, or corporation may employ any woman more than five hours without a rest period of at least one-half an hour. It will be necessary in the future for employers to post a schedule of working hours for each person employed. Wherever a uniform is required it must be furnished and laundered by the employer. When meals are furnished to the employes the time used in eating may be deducted from the schedule. If a room be furnished the same must be properly heated and ventilated.

Dr. Watkins Medical Director

Dr. J. A. Watkins, for nine years an officer of the regular corps of the United States Public Health Service engaged in industrial hygiene has been appointed director of the medical department of, the Lunkenheimer Company, Cincinnati, O. Dr. Watkins has been given free rein in the matter of outlining the policies of the department, methods of procedure and in the selection of personnel.

200 Cases Treated Daily

Finger Injuries Comprise Majority of Accidents Handled by Burroughs Company Hospital

The daily number of cases handled at the Burroughs Adding Machine Company hospital at Detroit averages 200, every visit of the patient being counted a case. Treatment there is not restricted to accidents, but includes nearly every variety of ailment. The vast majority of minor accidents, of course, comprise injuries to the fingers, but in addition to these there are also occasionally major accidents, such as compound fractures, etc.

In the medical line any malady that may incapacitate the worker at his machine or bench receives prompt attention, the patient being taken to the hospital on a roll wagon, if he or she is unable to walk. If he does not recover sufficiently in the hospital to go home without assistance, he is taken to his residence in the company's own auto or a taxi-cab.

All of the dressings used in the Burroughs hospital are sterilized by means of a Rochester Steam Sterilizer and the equipment is kept up-to-date in every respect. The sterilizer is a recent installation and supplanted a similar appliance of an older date and smaller capacity. A surgical dressing table, 20x40 inches in size, is also a recent addition to the outfit. The surgical instrument case contains all of the instruments that might be required in any emergency.

The medical supplies embrace the leading pharmaceuticals, most of them being derived from the laboratories of Parke, Davis & Company.

Hospital Teaches Safety

General Electric Company's Dispensary Tells Injured Employes of Protective Devices

The medical department of the Massachusetts Works of the General Electric Company is doing effective work along the line of accident prevention by displaying in a prominent place in the plant hospital a case containing the safety devices recommended for the use of employes.

The case is so placed that all but the more seriously injured workers stand or sit facing it when their records are being taken. This affords the director or nurse an opportunity to suggest the use of the various articles.

The idea of the display is that a workman is likely to pay a great deal more attention to an explanation of the devices at the time of his injury than otherwise and that such an explanation will be remembered.

The General Electric Company's case contains:

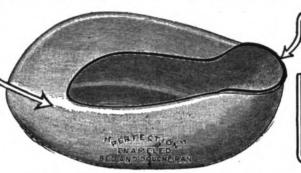
Hand protectors, canvas and leather, for men handling rough castings, scrap, etc.; leather mitten for same use in winter; asbestos mitten for handling hot materials; tongs for pulling and replacing high voltage fuses; tongs commonly found on machine tools, etc.; safety handle used in making electrical insulation tests; goggles, one damaged pair and one new pair; cap for women employes; soft nose pliers for punch press operation; knuckle guard for wheelbarrows or two wheel trucks; respirator; foundry shoe; foundry legging; safety set screws; individual sputum cup.

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Chicago Industrial Nurses Hold Banquet

Club Includes Employes of Fifty-nine Plant and Mercantile Dispensaries; Growth is Outlined

The third annual banquet of the Industrial Nurses' Club of Chicago was held at the Hotel Sherman June 16 with 100 members and guests present. Miss Jeanette D. King, of Montgomery Ward & Co., president of the club, outlined its activities and growth during the three years of its existence and Dr. Harry E. Mock and Dr. Orlando Scott spoke on phases of industrial medical service.

The club, according to Miss King, was organized in September, 1916, and at present numbers 129 members, representing 59 business and industrial concerns. The members meet each month from September to June to discuss problems peculiar to industrial nursing and to hear lectures on industrial problems by professional men and laymen. Membership is limited to graduates of recognized training schools who are employed in industrial or mercantile establishments.

The officers of the Industrial Nurses' Club of Chicago are:

President, Miss Jeanette D. King, Montgomery Ward & Co.

Vice president, Miss G. Jaeger, Swift & Co.

Secretary, Miss K. Larson, Commonwealth Edison Company.

Corresponding secretary, Mrs. Chubbic, Sears, Roebuck & Co.

Registrar, Miss May Middleton, Sears, Roebuck & Co. The position of registrar was created in 1919 because of the numerous inquiries received by the club regarding nurses available for industrial work and positions open to nurses desirous of taking up this work. Through the registrar 14 positions were filled last year.

DR. MOCK GIVES TALK

Dr. Mock gave a talk on the position held by the nurse in industry. He briefly outlined the difference between the employer of a few years ago and the employer of today. He showed how the employer in the past, owing to the small number of employes was not only able to keep in close personal touch with his employes himself, but frequently his wife and family also became interested and rendered personal service to the employe or members of the family. The employer of today, however, employing as he does a vast army of workers is unable to keep in the same close touch with his employes.

The industrial nurse, therefore, acting as she does as interpreter between employer and employe, is the one best fitted to take his place. He also spoke of the work done in the army for the men who were rejected for active service on account of some physical disability and how every effort was made to fit such a man to the job. He told how a number of people of Chicago have become interested in this movement and have organized "The Service League for the Handicapped." It is the object of this organization to aid the individual physically handicapped, to obtain proper medical and surgical attention and in cases where the individual by his disability is unable to resume his former work, special effort is made 2 send him to a vocational school, where he will receive

training in some kind of work which will enable him to become independent.

COOPERATION IS NECESSARY

Dr. Scott gave a paper on "The Necessity of Professional Supervision of Industries and More Intimate Cooperation." He spoke of the necessity of employing business methods in connection with the first aid department. He emphasized the fact that it is absolutely essential that industries employ only graduate nurses in good standing and advised adequate remuneration for this service. He also called attention to the lack of cooperation between the medical department and the executives of the industries and as a result of this the tendency, especially of small organizations, to relegate the medical department to any part of the building which could not well be used for any other purpose.

First Aid Room Equipment

Insurance Company Makes Suggestions After Study of Large Number of Plants

The following equipment for a first aid or rest room for a plant employing from 50 to 500 people is suggested by the Liberty Mutual Insurance Company, Boston, in a recent booklet, "Surgical Service for Plants Having 50 to 50,000 Employes:"

A glazed sink with hot and cold water always available.

Electric, gas or other suitable heating device.

Basin suitable for sterilizing needles or syringe.

A table with a smooth top.

Two chairs.

A couch of smooth material, without cushions.

Two woolen blankets.

Heavy rubber sheet, 11/2 yards square.

Pillow, rubber covered, washable.

Two wash basins.

A waste pail.

Drinking cups (individual).

A rubber hot-water bottle (2-quart) or, preferably, a Simplex Electric Heating Pad.

A simple stretcher.

A medical and surgical kit as required by the State Board of Labor and Industries.

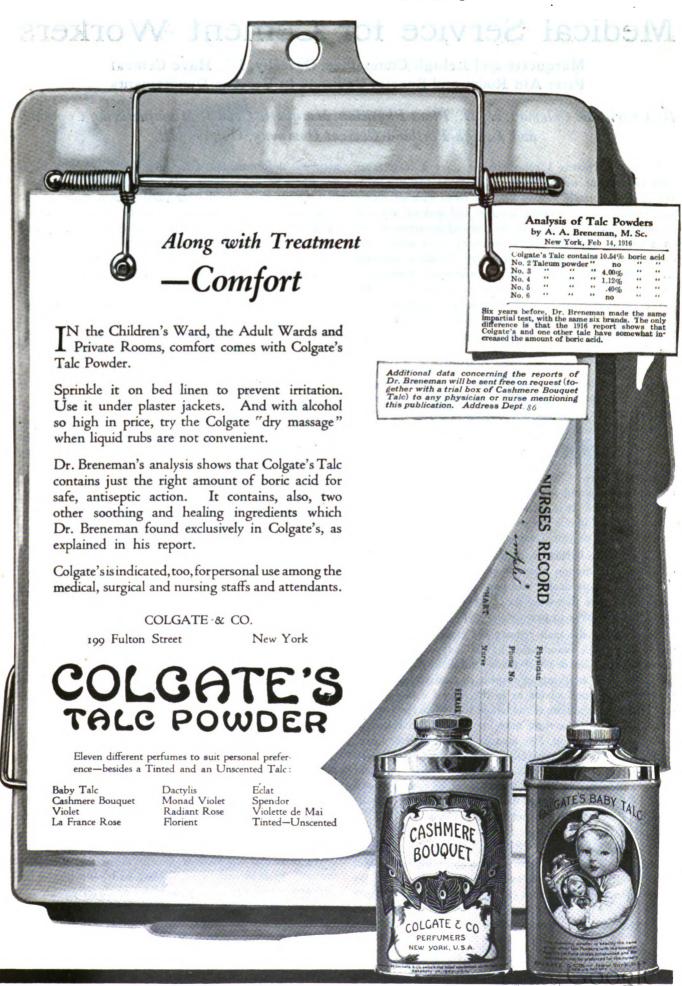
Supply of individual towels.

The cost of this equipment is put at \$150.

The booklet was prepared after a study of a large number of plant hospitals and deals with all phases of administration of medical service, from the largest hospitals to first aid rooms and first aid kits. Illustrations from nearly a score of plant dispensaries are shown.

To Speak At Safety Congress

Dr. Harry E. Mock, former president of the American Association of Industrial Physicians and Surgeons, and Dr. Otto P. Geier, present president, are among the speakers who will address the health service section of the ninth annual safety congress of the National Safety Council at Milwaukee, September 27 to October 1.



Medical Service for Cement Workers

Marquette and Lehigh Companies, Oglesby, Ill., Have Central First Aid Room and Special Cabinets in Various Departments

By Charles E. Coleman, M. D., Plant Physician, Marquette Cement Manufacturing Company and Lehigh Portland Cement Company, Oglesby, Ill.

At the two plants I represent we have a man from each department whom we try to train as first-aid man. We have a centrally located first-aid room with all necessary equipment for treating injuries and making physical examination of employes. In the various departments we have first-aid cabinets, not the ordinary stock affairs, but cabinets we have fixed up ourselves. In these cabinets we have bandages of several sizes, tourniquets, hemostats, iodine, boric acid solution, applicators, cotton, 1 to 2,000 bichloride of mercury solution, bicarbonate of sodium solution for burns, and aromatic spirits of ammonia. We also have blankets and litters at conveniently located parts of the plant.

Every man hired is examined. When a man comes to me for examination I size him up as he comes in—his gait, height, approximate weight and general contour. I can tell by that to a fair degree whether he is physically fit or not. Then I go on with the examination.

The first thing I do is to weigh the man. Then measure his height, look at his nose, throat, teeth, listen to his heart and lungs. Close examination is made for hernia and varicosities and particular stress is laid on examination of the eyes. It is surprising that some men are blind or almost blind in one eye and don't know it. That sounds funny to some of you, I expect, but it is true.

When I have finished with the examination of a man's eyes our examination blank is so complete that the man can take it to any oculist and have glasses fitted if necessary. It is just the same as if he had an examination that he would have to pay for.

Next I have the man remove his clothing in order to make a thorough examination of his body. The teeth are also examined and a chart taken of them. Although we have not done anything in respect to dentistry work we give the man good advice as to the use of a toothbrush, etc. This examination is not made to find perfect specimens, but to find the right man for the work. I think we have examined about 700 men at the Marquette plant during the last eight months and have had about ten rejections. One had hernia. The man was given good advice and told if he had his hernia fixed, he could come to work. Others had venereal diseases. A man with spyhilis if in an infective stage is not put to work.

PICK POSITIONS FOR MEN

If a man has bad eyesight, we are not going to put him on a motor car—he might run over some one. If he has a bad heart we don't want him shoveling coal, or doing some manual labor like that. We give him an easy job. We have found positions for those men. In the past, if a

From a paper, "Physical Examinations, First Aid and Care of the Injured at Cement Plants," read at the eighth annual safety congress, Cleveland, October 1, 2, 3, 4, 1919.

man was deformed, had a leg off, or something like that, he would be a watchman. Three years ago there were two watchmen at the Lehigh plant each without a limb. Now one is second engineer and the other is running the coal house engine. Both are making more money and doing better work than they did before.

If men have small cuts or bruises they come in to see me during the clinic hour. I give them the necessary treatment and see them every day as long as necessary. I believe we are saving money by having these men lose that time each day to come in and see me. We have found that only a few piece-workers are hard to get in. but that is all. The other men are willing to come and all are satisfied. The more serious cases, of course, we take to the hospital. We have no hospital at either plant.

A good treatment to prevent infection of wounds I have found is chloramine-T. That is a new chlorine preparation generally called Dakin solution. I use one tablet to a four-ounce bottle of sterile water. By bandaging the bruise and keeping it wet all the time with this solution the wound generally heals readily. There is another preparation we use—di-chloramine-T. It is an oily preparation and we use it in strengths of from one to five per cent. By using this solution on a rather bad burn a short time ago perfect healing was obtained.

We have a good many scalp wounds, but I believe we have not lost more than one day this year on that account, although in one of the cases four stitches had to be taken.

We have had several fractures at both plants this year, all foot or hand fractures. I take X-ray pictures of all fractures. A man often gets a bump and just a little splint is cut off a bone in a finger and this makes one of the most troublesome cases. The finger swells and a stiff joint is likely to result. For that reason I take an X-ray picture of everything that looks like a fracture. Of fifty or sixty X-ray pictures I have made this year, all but four or five proved to be fractures. In compound fractures, where the bone comes through the flesh, never pull the bone in the flesh, the thing to do is to put iodine on, because, as we all know, iodine cleans and infection will be prevented even if the bone should happen to slip back. We have a metal splint which can be adjusted to any angle to fit the limb and good results have been had in using it.

We have had one case of cement suffocation this year, the only case in two years. A boy had gone into a bin and someone piled the cement down, covering him. I got there almost immediately. The boy was taken home and did not seem to be in very bad condition. He carried a little temperature and spit quite a bit of cement for several days after I had given him ammonium chloride to bring up the secretions. The boy has fully recovered.

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The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY Le Roy, N. Y., and Bridgeburg, Ont.

Shock is something we must be very careful with. Almost any severe injury may cause shock. There is only a slight degree of difference between fainting and shock. Fainting is caused by blood leaving the brain. Shock is the same thing, only to a greater extent. What must be done first is to get the head low. The symptoms of shock are pallor, rapid pulse, clammy, moist skin, and the temperature is usually subnormal. Sometimes the finger nails and lips get blue. External heat must be applied as quickly as possible. I also use morphine atropin hypodermically. At the Marquette plant we have two hypodermoclysis outfits. In case of severe shock they will come in handy. We have not used them yet, but they are there in case we should need them.

An electric shock is usually not fatal at once. The heart beats for some little time after. It is necessary to get bodily heat and respiration almost immediately. The center of respiration in the brain is stunned and breathing ceases, although the heart is still beating. Remember that prompt and continued artificial respiration is of the greatest importance in these cases. First find out if the man has anything in his mouth. Then you can begin to apply the resuscitation method with which you are familiar. Personally, I believe in the insufflation method. I use that method on a good many newborn children. The first aid schools say that by that method you are blowing carbon dioxide into the man and doing him no good, but I think by this method he gets more respiration than by any other I know. Lay the man down, put a piece of gauze over his mouth, blow into his mouth, fill up his lungs with air and then press that out, working about 18 times a minute.

TREATMENT OF BURNS

In treating burns our method is to use a saturated solution of bicarbonate of soda at the first-aid station. Then the doctor is called and if the burn is bad, I use parresine, which is a wax. You can get ambrine, parresine, liquidine; they are all about the same. In treatment of burns you should carefully clean the part by douching it with a comfortably hot one per cent Dakin solution. Clean the part as well as you can; if there is any loose burned skin clip it off. If we have a third degree burn we used a waxed gauze which is rather open. somewhat like fly screen. We spray this with the wax, then put on cotton and spray again and repeat this until we get like a little splint over the wound. A sprayer can be used in applying the wax; I use the De Vilbliss atomizer. When the atomizer is not available, a fine soft camel's hair brush may be used. The brush is dipped into the melted wax and applied with the utmost gentleness not only to avoid unnecessary pain, but to cover all parts definitely and smoothly.

To prevent infection we try to see every injury, no matter what kind it is. If a man has an infection—it may be a swollen hand—he generally comes in and says, "I didn't sleep last night." That is the reason he came to see the doctor.

We wrap the hand in a towel saturated with a 1 to 2,000 solution of bi-chloride. It does not have to be bi-chloride, you can use plain water; the reason I use bi-chloride is because if the man is infected I do not want to infect any other part. Wrap the hand completely with the towel. If there is a spot left open a blister will break

out on that spot. After covering the hand we put it into the electric light cabinet from 15 to 30 minutes.

I refer to the electric light cabinet illustrated and fully described in the July-August, 1919, number of Accident Prevention Bulletin and Insurance of the Portland Cement Association

After the first electric cabinet treatment, patients say the pain is gone. This treatment is equally good in cases of sprains.

I have removed some very large pieces of cement from the nasal cavities of the workmen. The best procedure is to break the mass, so there will be no laceration, as this would be the outcome if the piece was removed en masse. The after-treatment is to keep the nostrils clean for a day or two. I usually use equal parts of iodine and glycerine.

CEMENT IN THE EYE

We also have a good deal of trouble with cement in the eyes. The thing to do is to stop the burning as quickly as possible. We get the man to the first-aid room immediately and by placing him on the operating table we have him in such position that we may make a pool of his eye. We never use eye cups, as it is never certain that the man will open his eye with an eye cup over it. We use a solution of boric acid; this neutralizes the lime in the cement and in a minute or two the burn has stopped. Then we use a few drops of cocaine. If you have no physician at the plant, use holocaine; you need no license for that. Holocaine will do the same work as cocaine, but is a little slower. The patient after this treatment is at ease; you have his confidence and can work on him readily. After having made the eve insensible, to remove any substance a good loupe is necessary. I use the B. B. loupe which is something every plant should have. As an after-treatment I use argyrol or a two per cent holocaine ointment. It keeps the pain down. If after an eyeburn a man's eyelids stick together the next morning, he has a little infection, and then we have to use 25 per cent argyrol. This spring we had a great deal of what is commonly called "pink-eye." A workman will say the cement is burning his eye. We find it is only one eye, and it is a case of catarrhal conjunctivitis. In those cases we use 25 per cent argyrol.

If a man gets a foreign body sticking to his eye, I make the eye insensible, pick the piece off with an eye spud and put argyrol on for two or three days. We have no trouble when we pursue that method, if the man comes in immediately. It is the man who lets it go for two or three days with whom we have trouble. We had a case recently. The man came to me and said, "Three days ago I hurt my eye; I think it is burned." I told him to go to an eye specialist immediately. That man by this time has lost complete use of the eye. The specialist could do nothing for him.

I think a very good feature is the daily clinic. All cases of minor injuries are seen and treated. We also carry a small line of medicines at both plants. We have a large number of foreigners and they are all "bad sick" here, there, or other places. In such cases our small supply of medicine is a great help to us. It is given to the men gratis. It has taken a year to educate them to come to me, but they are coming every day now.

NOTICE

SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW 10 MIL. (C. C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the asceptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

The largest producers of Stock and Autogenous Bacterial Vaccines



10 Mil. (c.c.)

Twenty Preparations.

Beyond the experimental stage.

Millions of doses have been administered.



Sherman's Vaccines are Dependable Antigens"

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THE QUESTION BOX

Problems in Hospital Administration Dealt With From the Practical Side

To the Editor: Here are ten questions that I would like to have you submit, through the columns of Hospital Man-AGEMENT, to hospital people for discussion. All, I believe, are of sufficient importance to command attention and I think the discussion will be of considerable value.

The questions are:

- 1. Should a hospital be managed so as to avoid a deficit?
 - 2. To what extent should a hospital do free work?
- 3. What are the advantages and disadvantages of a hospital cafeteria?
- 4. What should be the attitude of the hospital toward the press?
- 5. What would you suggest to create good impressions in the mind of the patient upon his entrance to a hospital?
- 6. How may the nursing force of a hospital create a sense of guestship in the minds of patients?
- 7. What are the advantages of a system of bookkeeping which will show the expense and income of every department of the hospital?
 - 8. Should a hospital make a charge for laboratory service?
- 9. To what extent should there be supervision of the ordering of special food for patients?
- 10. Should a patient be sued for non-payment of a hospital account?

A CHICAGO SUPERINTENDENT.

HOSPITAL MANAGEMENT is glad to publish the foregoing questions and agrees with the writer that a discussion of them will be of value. All interested are invited to submit their views for publication in the Round Table department.

To the Editor: Can you tell me the names of hospitals that give a course in anaesthesia? I am anxious to obtain some special intratracheal and intrapharyngeal anaesthesia for our anesthetist who has had considerable training in other forms.

AN EASTERN SUPERINTENDENT.

St. Mary's Hospital, Rochester, Minn., offers a course in anaesthesia. We suggest, too, that you communicate with the Eye, Ear, Nose and Throat Hospital, New Orleans, Dr. Lynch's clinic, and with Lakeside Hospital, Cleveland.

We have no record of a hospital that gives courses in intratracheal and intrapharyngal anaesthesia, but a person taking a straight course in anaesthesia would have one or two cases a month.

To the Editor: I am anxious to know if hospitals in Los Angeles have an eight-hour schedule for nurses.

A GEORGIA SUBSCRIBER.

Los Angeles hospitals, as well as those in all parts of California, observe eight-hour schedules for nurses in accordance with a state law regulating the hours of employment for women.

Repair, Paint Constantly

Regular Attention to Needs of Building Make for Less Expensive Maintenance

With modern methods of operation and construction of hospitals has come a modern system of keeping buildings in top notch condition by regularly scheduled painting, renovating and cleaning, instead of letting all repairs not absolutely necessary wait for the annual "spring cleaning."

Some institutions still cling to what one superintendent calls "a custom of the dark ages," but recent discussion has developed the fact that an increasing number of executives have discarded the time-honored method and are keeping their buildings fit for the greatest amount of service by systematic inspection and constant employment of decorators and carpenters, who make improvements whenever conditions warrant.

Another effect of the adoption of better systems of maintaining the physical condition of hospitals is the growing introduction of modern mechanical cleaning and polishing equipment. A recent investigation showed that most institutions which have access to electricity employ suction apparatus and various types of vacuum cleaners, while a majority have a separate department whose especial duty it was to keep the building in the best possible shape. In most cases cleaning and repairing is done as occasion requires, but in many institutions work that permits of delay sometimes is postponed until the summer, when calls for service are fewest.

DO WORK REGULARLY

Advocates of the new system intimate that the old saying, "A stitch in time saves nine," can be applied to a building as well as to anything else, and assert that by repairing and painting as occasion arises the work is done more economically and the building is maintained better than was the case in the old spring cleaning days.

The Wilkes-Barre City Hospital, Wilkes-Barre, Pa., of which Elmer E. Matthews is superintendent, seems to have carried the idea of regular inspection and cleaning to the furthest point. At this institution a weekly inspection day is on the schedule, when the superintendent and the superintendent of nurses make a complete tour of the building, noting all repairs or improvements needed.

"I make note of the things that need to be done in the future," writes Mr. Matthews in explaining the system, "and place them in order of work, thereby enabling me to keep in touch with this particular work until it is done. I find that by this system we do not have to carry a large force, and it keeps the hospital building in pretty good condition throughout the year.

"In reference to 'spring cleaning,' we do not have such an event here, as I consider it a custom of the dark ages and a very expensive way of doing the work. Here we endeavor to keep the entire plant up to the proper standard by continually keeping at it."

St. Francis Hospital, San Francisco, employs two painters who are continuously at work on the interior of the building and on furniture and equipment. Nine porters and six maids look after the ordinary cleaning. The amount of work done is uniform throughout the year.

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Process of Vincent A. Lapenta, M.D.

YOU can operate with security in cases of hemophilia by using Hemostatic Serum as a prophylactic of hemorrhage.

Hemostatic Serum markedly shortens the coagulation time of the normal blood. It supplies those constituents that are responsible for the phenomenon of blood-clotting and which are not present in adequate amount in the blood of hemophiliacs.

Hemostatic Serum is supplied in 2-cc and 5-cc sealed glass bulbs (Bio. 70 and Bio. 72, respectively). It is always ready for immediate use as a prophylactic or as a hemostatic during and after operations.

A descriptive pamphlet on Hemostatic Serum will be mailed to surgeons on request.

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Refrigerators

The Highest Quality Produced



Thicker walls, heavier insulation, compressed fiber-board lining, white enamel inside finish, and other valuable features not found in any other line. Extremely handsome in de-

sign and finish, thorough in every detail of construction, especially economical in operation, and highly efficient in refrigerating properties.

Shipped everywhere subject to examination and approval

We challenge the most critical comparison with any produced, and leave the decision entirely with you.



CATALOG FREE UPON REQUEST

A wide variety of sizes and styles carried in stock, something for almost every requirement. Absolute satisfaction guaranteed.

LIGONIER REFRIGERATOR CO.

1001 Cavin Street Ligonier, Indiana

Suction apparatus, hand vacuum cleaners and electric floor polishing machines are some of the mechanical devices in use, reports John J. O'Connor, superintendent.

Dr. Leonard Stocking, medical director at Agnews State Hospital, Agnew, Calif., says carpenters, painters and mechanics are constantly employed in repairing and keeping up the building, but each spring and fall a greater amount of renovating is done than at other periods.

A small force of carpenters and painters has been employed continuously by D. B. Kehler, commandant, at the Indiana State Soldiers' Home, Lafayette, to take care of repairs and cleaning. This work has been done as necessity developed, but prevailing prices of labor and material have prevented the institution from doing as much renovating lately as before.

A force of 38 is in charge of the cleaning, repairing and painting at Wesley Memorial Hospital, Chicago, working at all times, according to E. S. Gilmore, superintendent. As far as possible, however, extra work of this kind is allowed to wait until summer when the number of patients is lowest.

Dr. Philip Gath, assistant superintendent, Cincinnati Tuberculosis Sanatorium, says this institution handles repairs on equipment and buildings by a staff of thirty-six employes and does a large amount of cleaning and renovating during March, April and May. Special work on plumbing, painting, roofing, welding, horseshoeing, etc., is done by contract.

SMALL BUILDING MAINTENANCE

The problem of keeping up a small building, of course, doesn't present the difficulties to be found in larger hospitals and in many cases this work is done by outside help at times when it will least interfere with the patients. Such is the system in vogue at Idylease Inn, Newfoundland, N. J., Dr. D. E. Drake writes.

Indiana State Sanatorium, Rockville, is another institution that believes in making repairs when necessity arises and for this purpose a painter and carpenter are employed. There is no unusual variation in the amount of work done at any particular time, Dr. Amos Carter, superintendent, reports:

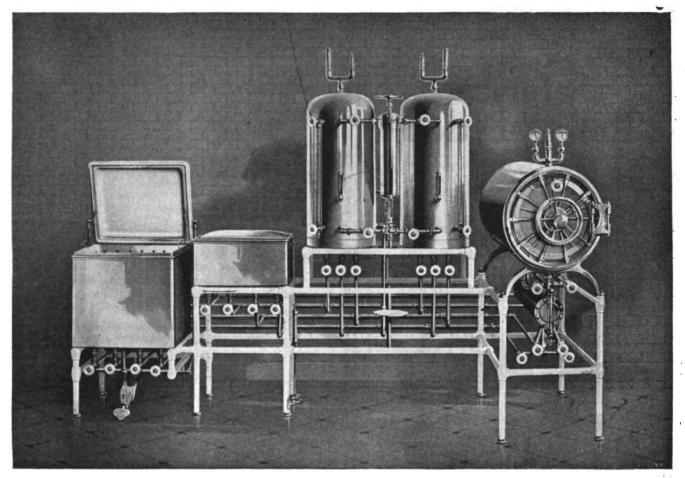
Dr. Walter Lindley, medical director of the California Hospital, Los Angeles, says that improvements and repairs are made at that institution as the need arises and that a force of twenty employes is constantly engaged in cleaning, painting and doing similar work. The volume of work runs about the same throughout the year.

The Woman's Hospital, New York, also has a staff of mechanics, painters and carpenters to look after the maintenance of the building. Corridors, service rooms and similar departments are renovated and repaired from time to time, but an effort is made to paint wards and private rooms when the number of patients is lowest. James U. Norris, superintendent, adds that the ordinary cleaning is done by a stationary vacuum cleaner, which has outlets at each floor.

The Hospital of the Good Samaritan, Los Angeles, makes repairing and painting a regular part of the schedule and employs a painter and carpenter who are kept busy at this work.

At the Moses Taylor Hospital, Scranton, Pa., of which J. G. Grant is superintendent, the spring cleaning custom is followed and outside labor is employed.

"THE WHITE LINE"



Battery of "White Line" High Pressure Sterilizers

INTO the construction of "White Line" Apparatus only such materials are permitted to enter as we know from years of experience will serve the purpose intended to advantage. "White Line" Equipment is built to give long years of highly efficient service. Upon request, our Engineering Department will furnish layout plans and submit specifications.

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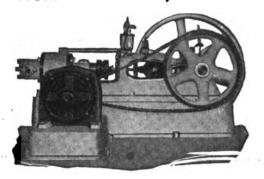


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Absolute safety for patients and hospital attaches is assured if your refrigerating machinery is "AUTO-MATIC EVERCOLD."

Our machinery uses ONLY Carbonic Gas as a refrigerant. This gas can not burn, explode, asphyxiate or corrode.

It is "SAFETY REFRIGERA-TION."



"Automatic Evercold" is DEPENDABLE

Our machinery is dependable in operation because it produces refrigeration for cooling work, cools drinking water, and makes ice WITHOUT the attention of an engineer.

It STARTS ITSELF and STOPS ITSELF. It ALWAYS works when refrigeration is needed.

Ask our refrigerating engineers about your cooling problems. Write for catalog on the "Automatic Evercold."

AUTOMATIC MACHINE CO.

PEORIA, ILLINOIS

When you think of ICE think of US

Price of Gauze Advances

Hospitals Begin to Feel Effects of Shortage of Cotton Crop — Further Increase Predicted

Hospital buyers noted a sharp increase in the price of cotton and gauze early in July when they sought to renew their stocks of these supplies. The rising quotations were attributed to the small acreage of cotton planted, combined with the activity of destructive insects, which made the crop, according to the government report, the smallest in fifty years.

A roll of grade A gauze, 100 yards, which a month previously might have been purchased for \$7.50, had advanced to \$8.50 and in some instances to as high as \$15. Dealers asserted that this increase was but the forerunner of a series of rises.

Enamel ware was fairly plentiful as far as the regular pieces were concerned, but an advance of as high as 20 per cent was looked forward to because of conditions at the factories. Some dealers were unable to obtain promise of shipment less than six months from date of sale. Stocks of shapes used infrequently were depleted generally and several items were entirely out.

A slight increase was noted on oxide of zinc plasters which previously could have been obtained for from \$2 to \$2.10. The new prices ranged from \$2.25 to \$2.50.

SHEETING MAINTAINS POSITION

Sheeting maintained its position of a month ago, despite the prediction of increasing prices due to the cost of benzine and naphtha. A good grade of double coated sheeting, 1 yard by 45 inches, was priced at \$2.25, which was practically the same figure quoted for the last month or more. Rubber gloves also remained stationary, but on account of transportation conditions practically no deliveries could be obtained.

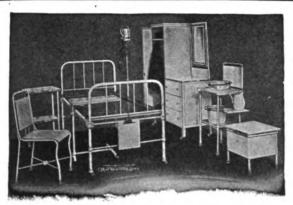
Glassware continued its upward trend as the shortage of glass was more acute, if anything, according to dealers. Thermometers were a notable exception in this line and thermometer quotations were about the same as for the last thirty days. Grades of instruments suitable for hospital purposes were listed at \$10.50 and \$12 a dozen and stocks were said to be plentiful.

Little changes were noted in textiles. Stocks of sheets and pillow cases were low and dealers and jobbers found replenishment slow and difficult. One large jobber reported a shortage of 5,000 dozen sheets for present orders. Sheets of a good grade, 63x90, were priced around \$22.25 a dozen and pillow cases at \$6.40.

Blankets also were quoted at approximately the same figure as a month previously, cotton blankets ranging from \$1.62½ to \$5.50, and wool blankets being marked from \$8.50 to \$12.50. With the approach of the first cold spell blankets will make a marked advance as the available supply is hardly sufficient to meet the demand that will arise.

Little change was to be noted in tea and coffee, although the low quotations on Ceylon tea were declared to be probably the lowest this variety will reach. There is a shortage of coffee, which, however, has not affected prices to date because of the plentiful stocks now on hand. When these stocks have to be replaced, dealers assert, there will be a general rise in prices as the

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Modern Sanitary Hospital Room No. 3

All White Enameled. Send for description.

We equip hospitals complete. Many new designs of ward, private room and operating sanitary furniture.

Send for literature showing modern furniture and hospital requisites.

The Max Wocher & Son Co. 19-27 West Sixth St., Cincinnati, Ohio

FUNNEL LIP PITCHER

Hospital Grade White Enamel

From this pointed nose you may regulate the flow down to a drop.



Capacity, 2 quarts. Per dosen, \$27.00

Rubber and Enamel Catalogues on Request.

P. L. Rider Rubber Co. Worcester, Mass.

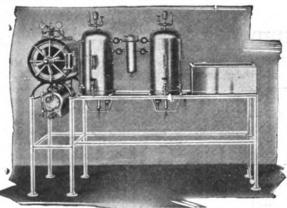
> Distributors of the Famous Multi-Sterile Gloves

New Patterns in Hospital Equipment



Our unlimited manufacturing facilities enable us to produce many new articles of furniture and equipment which are designed by leading operators every year. Our Catalogue No. 20 shows the most complete line ever issued for the benefit of the hospital buyer. Our prices are a positive guide to economy.

Combination Nurse's Desk, Laboratory Table and Chart Cabinet has proven one of the most popular pieces of furniture designed in recent years. The nurses consider it exceptionally convenient as the charts can be handled without stooping over under the cabinet as is found in many of the styles which have been in use heretofore.



Remember our High Pressure Sterilizer Department is second to none in the world and our unconditional guar-antee applies to this equipment as well as every other product of the Betz plant.

FRANK S. BETZ CO. HAMMOND, IND.



The new style table shown above is 36 inches long and 10 inches wide. It has the full porcelain top mounted on white enamel steel stand. It is a most convenient table for use in operations where a number of instruments must be laid out for easy access by the operator and still requires the very minimum amount of space in the operating room.

NEW YORK 6-8 W. 48th St.

CHICAGO 30 E. Randolph St.



An unfailing indication of the invalid's returning health. And how carefully doctors prescribe just the right strength-building foods in the amount their patients require. Among the many, doctors and dietitians endorse .

GUMPERT'S The new St. Joseph's Hospital, Aberdee opened for service the latter part of May. Chocolate Pudding

An Ideal Dessert For Sick Folks

Tempting and delicious—just the thing to pamper the convalescent's fickle appetite. Nourishing (156 calories to the 1/4 lb. portion) and wholesome -expertly compounded in powder form from milk, eggs, chocolate, cocoa, starch, salt and flavornothing added-nothing extracted but the water.

Economy Recommends It

Costs but 2c per 1/4 lb. portion, with sugar 30c per pound. To prepare, just add water, sweeten to taste, boil and let cool in molds.

WRITE FOR A FREE SAMPLE



S.GUMPERT&CO.

ROOKLYN, N. Y.

scarcity will then make itself felt. One dealer said this rise would come inside of six months.

SHORTAGE OF CANS

The situation in the canned goods market was further aggravated by the shortage of cans. Stocks of the 1919 pack were low and many items difficult to obtain. Prices continued to advance, as was predicted in HOSPITAL Management's market report for June, and they will maintain their upward movement until the new pack is on the market in about a month. Because of restricted acreage, scarcity of containers and the general high prices of materials and labor, packers have limited their out put for the year and this will mean even higher prices for the new pack than are being asked for the 1919 goods. Distributors estimate the 1920 prices at from 10 to 25 percent higher than quotations for present stocks.

The drug market on July 1, showed pratically no improvement over what it had been for some time. Uncertainty as to supply, daily and almost hourly and fluctuation of prices made it impracticable for manufacturers and jobbers to quote in their catalogues.

New Hospital for Aberdeen

The new St. Joseph's Hospital, Aberdeen, Wash., will be

Marjorie Strecker Hospital Dedicated

The Marjorie Strecker Hospital for Children, Cincinnati, has been dedicated. The institution is the benefaction of Benjamin F. Strecker, Marietta, O., and is named for his 17-year-old daughter.

Botkin to Be General Hospital

The new Botkin Hospital, Hazard, Ky., has been purchased by Drs. Gross and Collins, who will operate it as a general hospital.

Columbia Valley Hospital Opened

The Columbia Valley Hospital, of Pateros, Wash., has been opened. Mrs. Sigrid Fales is owner. The building is equipped for general hospital work.

Buy Control of Wooster Hospital

Drs. George W. Ryall and Harry J. Stoll, of Wooster, O., have purchased the holdings of other stockholders in the Wooster Hospital and now are the sole owners.

Addition to Vincennes Hospital

The Good Samaritan Hospital, Vincennes, Ind., will construct an addition costing \$150,000, to provide nurses' quarters and operating rooms. A bond issue has been authorized to obtain funds.

Infantry Association to Build Cottage

Members of the 141st Infantry Association of San Antonio, Tex., have pledged themselves to build a hospital bungalow for the Texas Tuberculosis Hospital for ex-service men.

Rushville, Ill., to Have Hospital

Construction of the hospital building being erected for Dr. F. D. Culbertson, Rushville, Ill., is progressing rapidly.

Hospital Planned At Gonzales, Tex.

Dr. George Holmes, Gonzales, Tex., plans to build a two story brick hospital building.

Arkadelphia Hospital Is Opened

A hospital, operated by Drs. Moore and Wallis, has been opened at Arkadelphia, Ark. Digitized by

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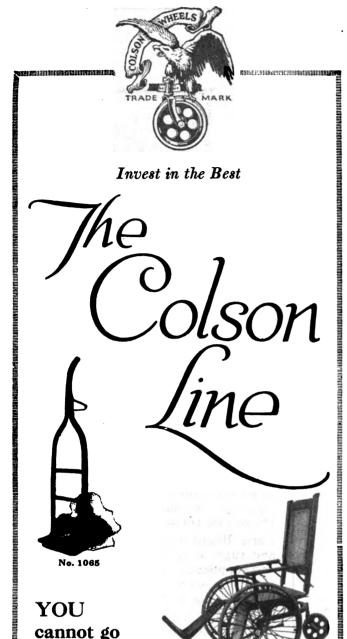
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Dietetics Developing Rapidly

(Continued from Page 51)

entirely different view points, both are contributions of much worth to the nutrition expert, the medical man, the dietitian and the teacher.

INDUSTRIES RECOGNIZE VALUE OF DIETETICS

Another group has recognized the value of a knowledge of foods and cooking. Industrial and commercial organizations, having established lunch rooms for their employes, a large percentage of them are providing this service at a loss, so far as financial returns go. They are willing to do this because of better results in the business directly traceable to the adequate luncheon.

Managers of hotels have, until recently, expected their restaurant business to be governed by its appeal to the eye and the palate through highly seasoned food, rich sauces, and elaborate garnishings, with not a thought for its value as a food or its possibilities for good or evil in the body. Yet a number of hotel men are anxious to add home economics women to their staff and a few have already done so.

Then we have another far larger group vitally interested in dietetics. This group represents those who are actively engaged in, or directly responsible for the feeding of a definite number of individuals, mothers of families, and, closely allied, the women engaged in social welfare work or in home bureau work.

All this has come rapidly, almost too rapidly for us to keep pace. We are facing the great problem of how to meet this demand. Every one in every group referred to, is clamoring for the woman who is not only well trained in foods and allied subjects, but they want her to have executive ability, tact, judgment, and be in every way fitted to meet the numerous situations which constantly arise.

The dietitian in the hospital is being asked in many places to be the superintendent of the dietary department with the responsibility of every thing pertaining to the dietaries of every one in the house, buying, cooking, and serving of food for the sick and the well, for those doing office work and those engaged in manual labor, and in addition, she is an instructor in the training school, and in many instances offering a course of training to dietitians. The medical men ask that she be their assistant in treatment of diseases of metabolism. She must be well informed in food value and food composition, both before and after cooking; she must know physiology of digestion and something of the common symptoms of diseases she helps to treat; records must be kept of her part in this treatment just as accurately as they are kept on the charts in the ward.

Managers of industrial concerns are asking in addition to supervision of their lunch room that she interest and educate the employes in their habits of eating, often carrying this instruction into the home as a feature of their welfare work.

With all these great and urgent needs for knowledge of food composition, nutrition and dietetics, and particularly their relation to disease, we have also a need for someone to give accurate, reliable information about it. Home economics departments in our colleges and univer-

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is prepared especially for the marasmic type of baby. Such cases generally thrive astonishingly well on Dry Mait Soup (a mixture of cow's milk, maltose, dextrin, wheat flour and potassium carbonate). Human milk is the best baby food and cow's milk, intelligently and properly modified, is the best available substitute.

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Individual infants differ so greatly in food requirements and food tolerance that no standard feeding mixture can be employed, but each case must be fed according to its own needs.

These needs can only be determined by a physician. Hence our adoption of

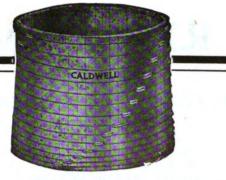
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sities have done what they could, but the field has grown to so great proportions in so short a time that they have not been able to keep pace with it; the curriculum of the medical school is already overcrowded and none has yet found time to make a place for this subject in the way it should be given, though they recognize the importance of it. A few hospitals have helped very materially in offering to graduates of home economics a course in student dietitian training. Comparatively few hospitals are doing this, however and as yet, the training offered is, in most cases, meager.

HOSPITAL AS CENTER OF TRAINING

If the college, medical school and hospital would unite in an effort to promote this training, it would be of great benefit to them as well as to the general public, and both the medical man and the dietitian would be much better equipped for their work. In a small way, the hospital affords a connecting link between the other two institutions. It would seem the desirable and logical thing for this to be developed into a strong educational work centered in the hospital. Through the establishment of such a training, we would have people better fitted to accumulate valuable information and give it to the general public in a form which could be understood and used by them as well as by the profession.

The development of such a service would inevitably improve the dietary departments of all public service of food and at the same time help the housewife to meet more intelligently hour problems with this service in the home.

One of the objects of the American Dietetic Association is to help the dietitian to keep herself informed on the newer findings in dietetics and dieto-therapy. She must use every possible means for increasing her efficiency and for being of service. She has already made a place for herself in dieto-therapy and she should become a real factor in the more recently developed movement for the promotion of health and the prevention of disease.

A committee from the American Dietetic Association is working with a representative of the Nurses Association on a course in dietetics for nurses, which we hope will be a means of giving the nurses a better knowledge of this subject; and action has been taken by the Association to interest authorities in charge of state examinations for nurses in having dietitians represented on the examining board for dietetics. Letters have been sent to superintendents of leading hospitals in which a course of training is given to pupil dietitians asking their influence in making this training more uniform and more beneficial.

New Building for Abbott

Further increase of facilities are planned by the Abbott Laboratories, Chicago, manufacturing pharmaceutical chemists, in addition to the recent extensive addition to the floor space of the home plant. The company recently acquired a fifteen acre tract near Waukegan, Ill., on which another large plant will be erected. The Abbott people are large producers of medicinal chemicals such as in pre-war days were to be had only from Teutonic sources, as well as those of more recent origin.



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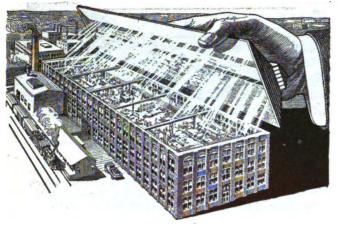
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SUPPOSE you could take the roof right off your hospital. What a flood of light would pour in!

Do you want to increase your daylight 19 to 36 per cent without any alterations in your plant—without adding another square foot of glass to your window space?

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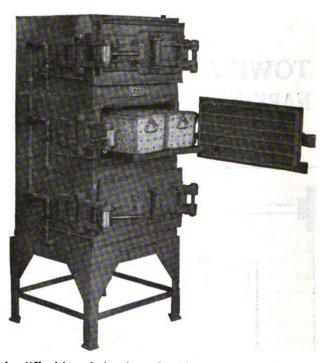
For the Hospital Buyer

Notes of Equipment and Labor Saving Devices That Recently Have Been Perfected

A New Vegetable Steamer

A new vegetable steamer invented by S. V. Wells of Albert Pick & Company, Chicago, recently was given a trial test in the kitchen of the Hotel Sherman in Chicago, and when the time expired and the firm suggested that it be taken back, the chefs protested that they would not do without it.

The new steamer is not made of cast iron, but of boiler plate which is far superior to cast iron in tensile strength and durability and is much less liable to have weak spots and defects than is cast iron. Other steamers have been put together in sections, leaving a groove and a space between the sections, which filled with dirt and added to



the difficulties of cleaning. In this new one the sides and back are made of single large sheets of boiler plate, thus avoiding outside welding surface entirely, excepting at the corners.

Another point which distinguishes the new steamer from the old type is the automatic cut-off of the steam. The steam inlets to the bodies have individual valves and cut-offs which can be opened at the beginning of the day and which have an automatic device which shuts the steam off when the steamer door is open only a few inches or more. The closing of the door opens the steam, therefore allowing the steam to enter the body when and only when the door is closed, unless the automatic cut-off is intentionally operated by hand.

A third feature of the new steamer is that the baskets are supported upon the sliding shelf which is moved in and out of the steamer body by means of a lever attached to the door. This brings the contents of the baskets in plain sight without their having to be handled and they can be left upon the shelf exposed for cooling if desired.

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A capable lactic culture is a very effective agent in the treatment of the intestinal disorders of infants and children especially apparent in the summer season.

B. B. CULTURE is prepared and dispensed with great care and has satisfied a constantly increasing clientele of physicians and patients.

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powerful and easily administered spirochetecides, which are as efficacious as the imported products;

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put up in COLLAPSULES (compressible ampules), which insure absolute accuracy of dosage with a minimum of pain after intramuscular injection.

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Ohio Hospital Code

(Continued from Page 42)

and the board of health is satisfied that there is no ground for holding an inquest. (99 v. 14 § 6.)

Section 6270. Book of Forms. A licensee shall be entitled to receive gratuitously from the state board of health a book of forms for the registration and record of persons received into such home or hospital. Such book shall contain a printed copy of this chapter. (90 v. 15, § 7.)

Section 6271. Inspection. The officers and authorized agents of the state board of health and the boards of health of the cities, villages or townships in which such licensed premises are located may inspect such house or hospital at any time and examine every part thereof, call for and examine the records which are required to be kept by the provisions of this chapter, and inquire into all matters concerning such house or hospital and the inmates thereof. The licensee shall give all reasonable information to such persons so inspecting and afford them every reasonable facility for viewing and inspecting the premises and seeing the inmates thereof. And when complaint is made or a reasonable belief exists that a maternity boarding house or lying-in hospital is being conducted without license, the board of health may cause such house to be inspected by its health officer or the state board of health may designate a person to visit and inspect such premises. (101 v. 121.)

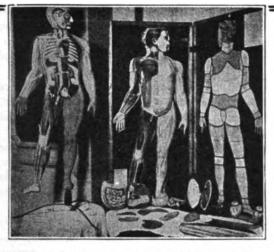
Section 6272. Giving Out of Children Prohibited. A child under two years of age, whether an inmate of such house or hospital, born therein or brought thereto or otherwise, shall not be given out for adoption, except by and with the consent of a charitable organization, society or institution, having the care of children under its control and duly incorporated under the laws of this state, or of a juvenile court. (99 v. 15 § 9.)

Section 6273. Placing Child for Hire, Gain or Reward. A parent or guardian or other person shall not give an infant under two years of age into the permanent care or control of another person except upon the written consent of the probate or juvenile court of the county in which such child is found or has a legal residence, and no person shall receive under his care and control an infant under two years of age, the child of another, without such permission having been given. The provisions of this section shall not apply to any county or district children's home, charitable organization, society or institution for the care of children incorporated under the laws of Ohio or to the officers or the agents thereof. (101 v. 121.)

Section 6274. Secrecy of Records. No officer or authorized agent of the state board of health or the boards of health of the cities, villages or townships where such licensed homes or hospitals are located, or a keeper of such house or hospital, shall divulge or disclose the contents of the records or of the particulars entered therein, except upon inquiry before a court of law, at a coroner's inquest or before some other competent tribunal, or for the information of the state board of health or the board of health of the city, village or township in which said house or hospital is located. (99 v. 15 § 11.)

Section 6275. Offering Inducements. A person licensed as provided in this chapter, shall not advertise that he will adopt children, or hold out inducements to parents to part with their offspring. When such children are

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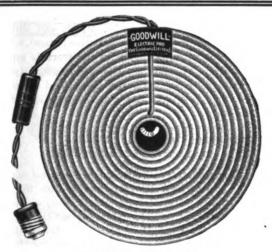
Smith's American Manikin is indispensable to nurses' training schools and general practitioners. Height about 4 feet (mounted); light but strong; entire weight (including cabinet) is only 28 lbs. The Manikin body, as well as cabinet, made of wood, three-ply veneer, guaranteed not to warp or split. ALL DISSECTING PARTS (33 PLATES) MADE OF STEEL, THEREFORE UNBREAK-ABLE.

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We believe that every physician welcomes whole grains made delightful and so fitted to digest.

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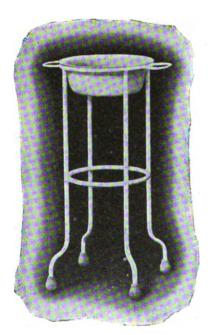
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transferred by their parents or are given out for adoption to other persons, such transfer shall be with the knowledge and consent of a charitable organization, society or institution, duly incorporated under the laws of this state, or of a juvenile court. (90 v. 16 § 12.)

Section 6276. License Required. A person shall not maintain a maternity boarding house or lying-in hospital, as defined in this chapter, unless licensed thereto by the state board of health. (99 v. 16 § 11.)

Section 6277. Relationship. In a prosecution under the provisions of this chapter or a penal law relating thereto, a defendant who relies for defense upon the relationship of any of said women or infants to himself, shall have the burden of proof thereof. (99 v. 16 § 14.)

Section 12789. Violating Law Relating to Maternity Boarding-houses and Lying-in Hospital. Whoever violates any provisions of law relating to the establishment, maintenance and inspection of maternity boarding-houses and lying-in hospitals, shall be fined not more than three hundred dollars. (101 v. 121.)

Service Company Formed

The Community, Health & Hospital Service Company has been incorporated with the main office in Cleveland and branches in New York and Atlanta. The company will undertake not only work of an advisory character, but will take active charge of the building of hospitals, campaigns to finance them, the promotion of bond issues, the formation of hospital programs, movements for community betterment or public health and the conducting of surveys for hospital needs. A complete course on hospital management also has been compiled in the form of a correspondence course.

The consultation and survey work of the company is under the direction of John A. Hornsby, M. D., and Robert H. Bishop, M. D. Howell Wright is legislative counsel, while the financial and organization phase of the work is under the direction of Elmore Leffingwell, Hugh Spaulding, Myron Chandler, E. W. Huelster and Charles Eisele, and the publicity campaigns and programs under the supervision of J. Dean Halliday.

Ohio T-B Superintendents Meet

The twenty-first conference of tuberculosis hospital superintendents of Ohio was held at Columbus, O., with the following superintendents in attendance: Mrs. Aloysia Lawin, Dr. Blanche Hopkins, Miss Florence Schryver, Dr. C. H. Benson, Dr. S. A. Douglass, Dr. Brown, Dr. Louis Mark, Dr. R. C. Kirkwood, Dr. J. C. McDowell and Dr. R. G. Leland. H. J. Southmayd, chief, state bureau of hospitals, also was present. Dr. Douglass read a paper on the effect of influenza on the prevalence of tuberculosis and Dr. Brown exhibited and discussed radiographs of pulmonary tuberculosis following influenza. It was agreed not to hold the August meeting and the next gathering will be in October.

Chicago Hospitals to Merge

The amalgamation of the Henrotin and Polyclinic Hospitals, Chicago, is planned, according to a recent announcement, the two institutions to be housed in a \$2,000,000 building on Oak street between La Salle and Clark streets. A training school and nurses' home, the latter costing \$500,000, are included in the project.

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Catholic Hospital Convention

(Continued from Page 36)

hospitals he is looked upon as a little better than an orderly, an error which should be corrected. The present shortage of interns emphasizes the necessity for hospitals desiring their proper quota so to arrange their service as to afford proper instruction, and practically everything necessary in this respect is covered by the requirements of standardization.

THE INTERN AND THE HOSPITAL

Referring to the results of a questionnaire addressed to 2,000 interns, asking their criticisms of hospital service in their work, the universal complaint, Dr. Moorhead said, was that they received no instruction unless they insisted on being shown by the attending physicians. Another complaint was that the hospitals made no definite arrangements for their service; that interns could do exactly as they pleased, so that it required unusual initiative for a student to secure the instruction to which he is entitled.

Thomas Chalmers Myers, M. D., of St. Vincent's Hospital, Los Angeles, continuing the discussion from another angle, "The Intern's Obligation to the Hospital and Staff," said that the success of the intern's life in the hospital depends mainly on such qualities as his intelligence, personality and capacity for labor, the last, at least, being assured by the candidate's completion of his course in the medical school. The desirability of cultivating a pleasing personality was emphasized by Dr. Myers as tending to smooth things in the hospital year and possibly to pave the way to a successful career thereafter.

The duty of attending painstakingly to the routine matters placed in his charge, and of rising to the occasion when emergencies occur with no staff man available, was referred to. A well-written history is as valuable to the intern who prepares it as to the hospital, and no other work attracts such attention from the staff. Attending to the wants of patients, and meeting their complaints, is a duty with great opportunities for real service.

"Medical Education and the Hospital—Their Respective Responsibilities and Duties" was the phase of the subject discussed by Jennings C. Litzenberg, M. D., of the medical school of the University of Minnesota. Dr. Litzenberg remarked that the war has shaken the former attitude of complacency in medical education, showing that proper progress had not been made, and that the hospitals and medical schools had not lived up to their responsibilities. The undergraduate, he said, should be brought to the bedside well grounded in the allied sciences and in clinical medicine, and ready for his practical training; and if the ideal of making every hospital a teaching hospital, with a well-rounded staff, is approached, great progress will be possible both in the training of the intern and in medicine generally.

The general discussion following these papers was contributed by Dr. L. D. Moorhead of Chicago, Dr. E. L. Tuohy, of Duluth, and Father Moulinier. The latter said that the drawing power of a well-organized staff on interns has been demonstrated, pointing out that the splendid staff work at St. Catherine's, of Brooklyn, had actually brought about a waiting list of applicants for internships.

Father Mann made the suggestion that in view of the



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increasing number of women studying medicine opportunities should be offered to them in the better hospitals, stating that his own school is training a number of women medical students, but that internships for them are available only in hospitals where he would not permit a male student to go.

BUSINESS MEN AID HOSPITAL

The practical assistance which can be given to the management of a hospital by a competent board of business men was indicated by Mr. Hartz, of Detroit, who described the successful efforts made to secure a proper allotment for the hospital from the community fund raised in the city.

The report of the president, by Father Moulinier. started the final business session Thursday afternoon. Father Moulinier said that he had made many visits to hospitals during the year, and that he proposed to continue them, regardless of whether he held any office in the Association. The applause which greeted the remark indicated not only the pleasure with which his visits are received, but the intention of the members, shortly after made manifest, to have them continued in the same official capacity. Father Moulinier added that he will hereafter give all of his time to the work of the Association.

A motion was passed, on the suggestion of the chair, that any deficit up to a thousand dollars incurred from the operation of the summer school for technicians established in Chicago be paid. Referring to a motion adopted at the 1919 convention, authorizing the establishment of a school for the training of superintendents, a motion was adopted that this be left in the hands of the executive board.

The president made the suggestion that as Chicago is now generally recognized as the center of medical organization activity, if not of medical education, due to its location as the headquarters of the American Medical Association, the American College of Surgeons, and the American Hospital Association, as well as of other bodies, it might eventually become advisable to move the offices of the Catholic Hospital Association to that city.

The report of the diocesan superintendents, by Rev. M. P. Bourke, acting director, under Bishop Schrembs, was read by Father Griffin. Visits to the hospitals, conferences with staff members, examination of records, and other duties were performed by the diocesan superintendents.

Father Griffin, on his own account, as director of state and provincial conferences, reported on the progress which had been made during the year toward the organization of such conferences. He said that it had been decided that certain problems of a purely local nature, as well as many matters of interest only in a given state, could best be handled by state or provincial organizations.

The report of the secretary-treasurer, Dr. B. F. Mc-Grath, showed the Association to be in a flourishing condition both as to finances and membership, with a balance of assets of over \$6,000, institutional members numbering 412 at the time of the meeting, or two-thirds of all of the Catholic hospitals of the United States and Canada, and individual memberships numbering 1,290. Dr. McGrath described the efforts which had been made to secure individual memberships from the 10,000 staff men of the Catholic hospitals, and expressed disappointment at the comparatively limited results, as he said that between

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45,000 and 50,000 pieces of mail had been sent out regarding memberships.

The report of the resolutions committee followed. The thanks of the Association were extended to the St. Paul sisters, medical men, convention committees, press and others, as well as to the authorities at St. Thomas' school. for their large share in making the convention so pleasant and successful. Resolutions emphasizing the necessity for increasing the number of autopsies; recommending, on behalf of staff physicians, that the Association establish a bureau of clinical research to utilize the material collected by the hospitals; providing for the attendance of one or more staff representatives of each hospital at conventions; calling for greater emphasis on social service and for a place for it on future convention programs; and providing for the establishment of laboratories for dietetic work and for the training of technicians, were adopted.

Dr. Byrne addressed the convention, supplementing his remarks of the opening session, and emphasized the necessity for better care for neurological cases. He presented a resolution, which was adopted, that each hospital establish an efficient neurological service.

NURSE PROBLEM TO BE STUDIED

The most spirited debate of the convention occurred upon the offering of a resolution by Father Griffin on the subject of the nursing situation. The resolution read:

"Be it resolved, That the Catholic Hospital Association express its desire to establish a program and policy of nursing education which will provide a larger number of nurses, sufficiently trained to carry on satisfactorily the needed bedside nursing in hospitals and homes, and, second, will provide a better and more extensive training than is now obtainable for social and health nurses.

"Be it further resolved, That a special committee be appointed to make a survey of the field of nursing; to make a study of the many problems involved in the differentiation of nursing requirements, and based on the different services in which the graduate nurse is to be engaged. This committee is to report at the next annual meeting of the Catholic Hospital Association a revision of the training school program which will insure, first, a sufficient number of pupil nurses for adequate bedside nursing in our hospitals; and, second, a sufficient number of adequately trained graduate registered nurses to meet the public demand for home care of the sick; and, third, an increased number of graduate nurses specially trained and fully qualified to meet the other modern demands of the general social and health program, and such other activities as may attract the nurse."

This resolution drew the vigorous opposition of Dr. E. L. Moorhead on the ground that it was intended to lower the standards of nursing education. Any such intention was denied by Father Griffin. The convention took this view, and the resolution was adopted with few opposing votes. The chair appointed Father Griffin to head the committee provided for in the resolution.

Another resolution on the subject of nursing, proposed by Dr. E. L. Moorhead, was adopted, to the effect that the sisters engaged in training school work be allowed one day in the next convention devoted to round table talks and discussion from the floor, to preserve the standards of nursing education in the training school.

The report of the nominating committee, presented by Dr. E. L. Moorhead, recommended the re-election of

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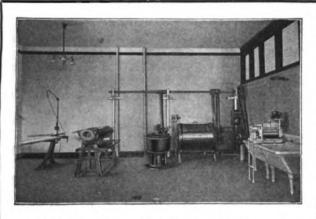
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every officer of the Association's administration, headed by Most Rev. Sebastian G. Messmer, Archbishop of Milwaukee, as honorary president, and by Rev. Charles B. Moulinier, of Marquette University School of Medicine, Milwaukee, as president, and was enthusiastically adopted. Rev. M. P. Bourke, of Ann Arbor, was re-elected as active vice president, with honorary vice presidents to be elected from each of the religious orders holding memberships, by the sisters in those orders, and B. F. McGrath, M. D., was re-elected secretary and treasurer. Bishop Muldoon will act as director of diocesan superintendents, with Father Bourke as acting director, and Father Griffin will continue as director of state and provincial conferences.

The following commercial exhibits were noted at the Catholic Hospital Association Convention:

The Abbott Laboratories, Chicago, Dr. F. B. Kirby and J. W. Ranson; pharmaceuticals and surgical antiseptics.

American Sterilizer Co., Erie Pa., C. A. Lindblad and W. A. Wiley; pressure sterilizers.

Geo. F. Brady & Co., Chicago, F. M. Hoben; X-Ray outfits and supplies.

W. A. Baum & Co., New York, Mr. Hanafin; Baumanometers.

Frank S. Betz Co., Hammond, Ind., G. Cedargren, A. M. Clark, Mr. Black and Mr. Hunt; hospital and surgical supplies.

O. S. Clarke Linen Co., Chicago, T. D. Stern and John White; hospital linens.

Coast Products Co., St. Louis, Mo., N. F. Cornelius, W. J. Tighe and A. W. Boysen; "Califo" canned fruits and vegetables.

Colonial Hospital Supply Co., Chicago, A. L. Towner; hospital supplies.

Columbus Aseptic Furniture Co., Columbus, O.; hospital furniture.

Crescent Washing Machine Co., New Rochelle, N. Y., and Chicago, B. A. Watson; dish-washing machinery.

Dennoyer-Geppert Co., Chicago, E. C. Ringer; anatomical models and charts.

Diedrich-Schaefer Co., Milwaukee, R. L. Gregory and Miss Elsie Rebholz; church goods.

John V. Farwell Co., Chicago, Miss A. Costello, M. W. Glynn and P. D. Tyler; hospital linens, gowns, etc.

Father Flannigan's Boys' Home Products, Omaha, Neb., Rev. E. J. Flannigan, J. T. Walsh, N. Norton, Fred Doran.

Foley Bros. Grocery Co., St. Paul, F. L. Madden and Miss A. E. Addington; wholesale groceries.

J. B. Ford Co., Wyandotte, Mich., L. C. Walker; washing sodas.

S. Gumpert & Co., Chicago, Jos. R. Preston and Fred G. Schweitzer; chocolate puddings.

Genessee Pure Food Co., Leroy, N. Y., Miss C. E. Kreasan; "Jell-O" products.

Hall China Co., East Liverpool, O., Frank F. Fisher; fire-proof cooking china.

Heidbrink Co., Minneapolis, E. H. Clark; gas-oxygen anaesthesia apparatus.

Hospital Equipment Bureau, Chicago, Charles A. Friedman; hospital supplies.

Hospital Service Co., Minneapolis, H. J. Hymes, A. B. Cooley; oxygen service.

Hospital Supply Co., New York, Leon Rothschild and J. R. Weinberger; hospital supplies.

Joesting & Schilling Co., St. Paul, E. Lichtfuss; kitchen equipment.

Henry L. Kaufman, Louisville, Ky, Mr. Kaufman; "Gas Mask" rubber sheeting. Digitized by

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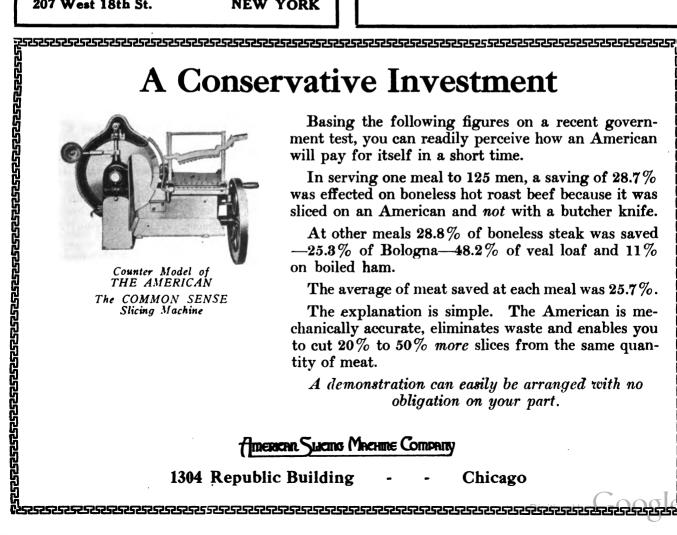
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E. M. Lohmann Co., St. Paul, Robert Arth; church goods. The MacMillan Co., New York, J. H. Morehouse; publishers, nursing and medical books.

Meinecke & Co., New York, Edward Johnson, G. P. Johnson, M. J. Heffernan and G. N. Miles; rubber goods, enamelware and supplies.

Metropolitan Hospital Supply Co., New York, S. S. Fengel, S. W. Cowan and L. W. Cinader; hospital supplies.

Wm. Meyer Co., Chicago, Carl Young, R. J. Ahlberg; X-ray equipment.

Morris Hospital Supply Co., New York, M. Morris, F. Markoff; hospital supplies.

Noyes Bros. & Cutler, Inc., St. Paul, R. H. Kubin; X-Ray and hospital supplies.

Palmolive Co., Milwaukee, B. W. Duke; soaps.

Purity Bakery, St. Paul, W. Carlson and Miss E. Sheppard; bakery goods.

Albert Pick & Co., Chicago, Frank L. Fischer, H. C. Krueger, R. P. Spencer, T. A. McDermott, F. J. Dominguez; general hospital supplies and equipment.

H. T. Quinlan Co., St. Paul, H. A. Hansen, Gustave Lau; wholesale groceries.

Read Machinery Co., York, Pa., H. H. Deal; bakery and kitchen mixing machinery.

Radium Chemical Co., Pittsburgh, Jos. A. Kelly, R. G. Fordyce; radium.

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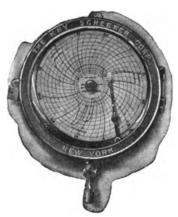
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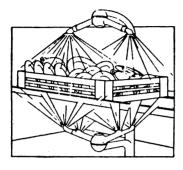
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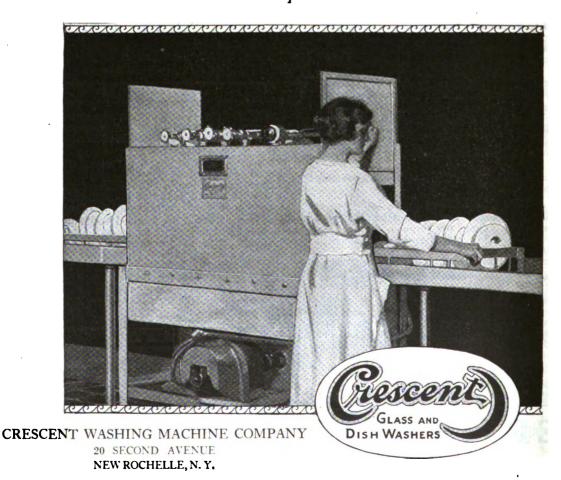
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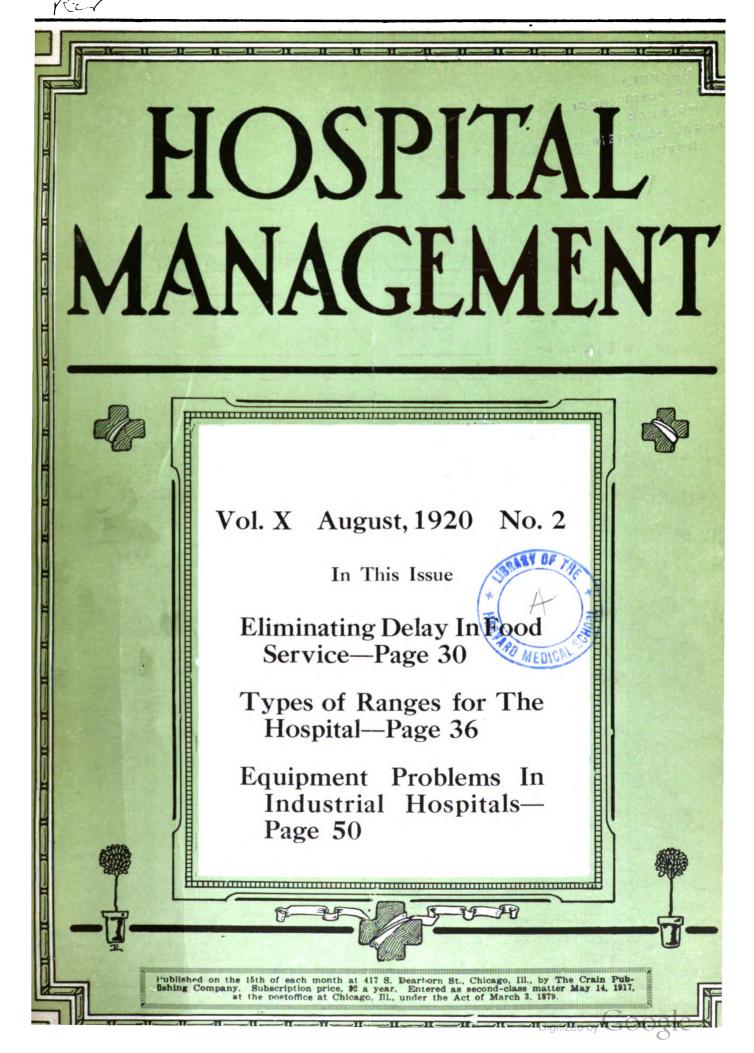
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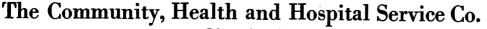
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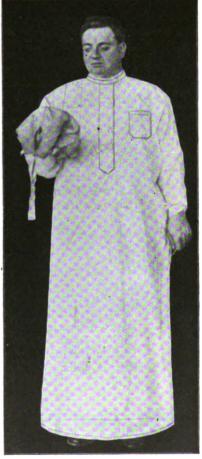
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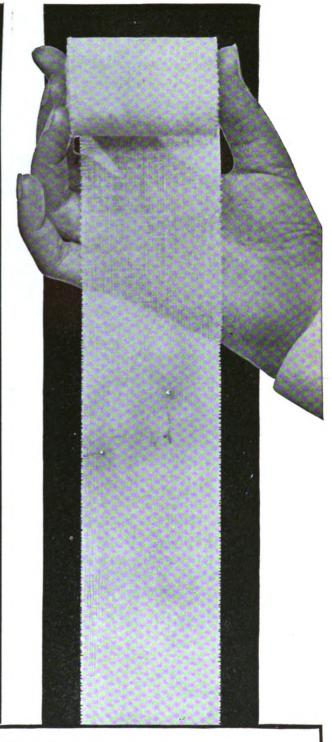
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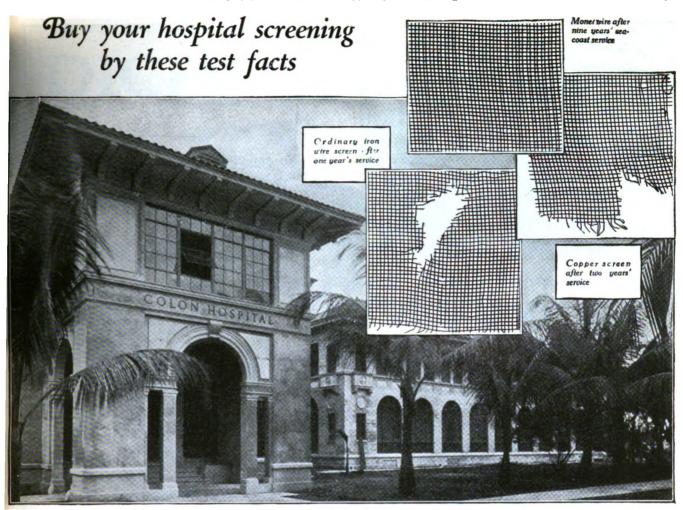
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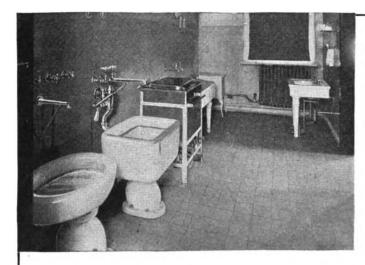
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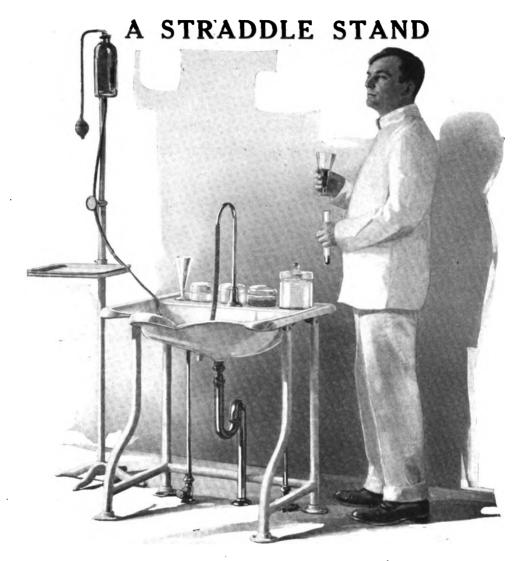
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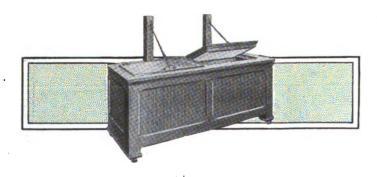
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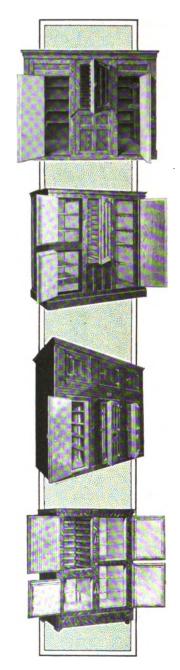
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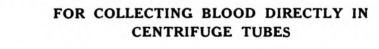


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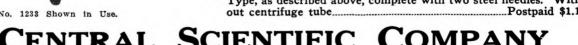


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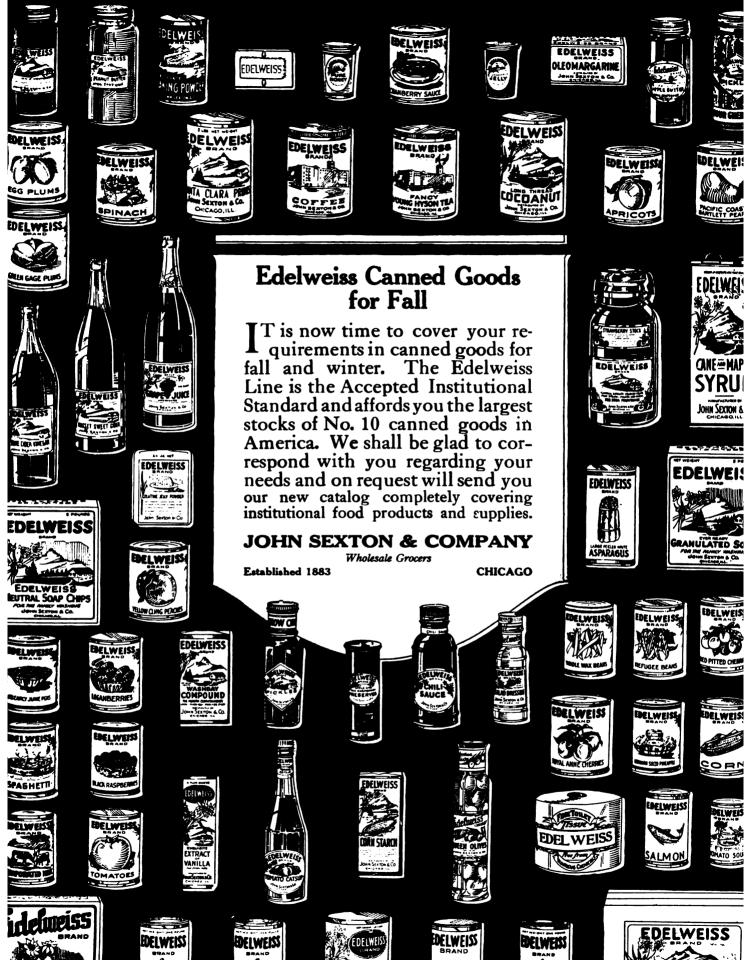
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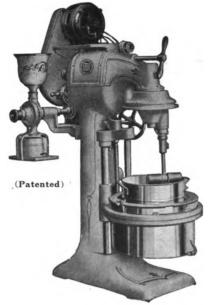
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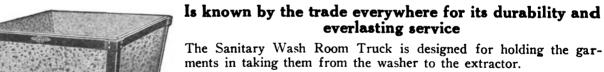
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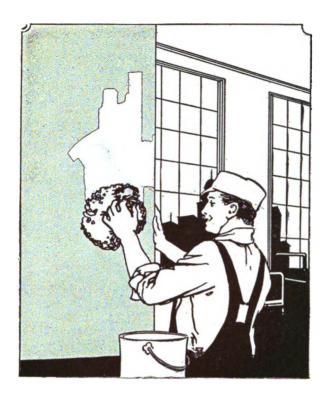
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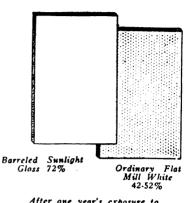
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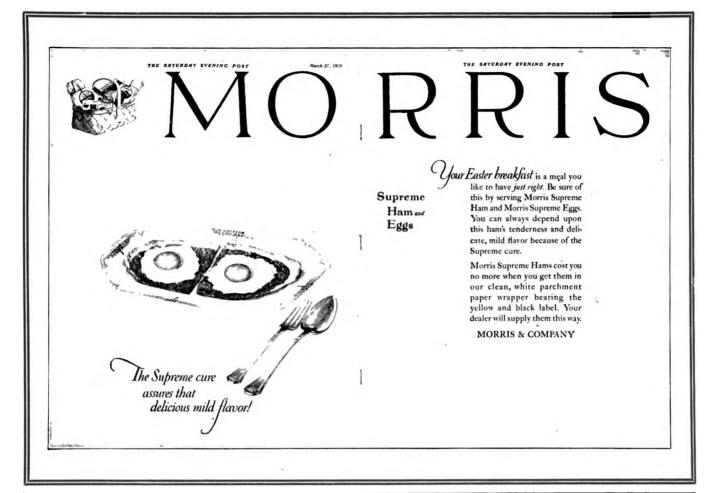
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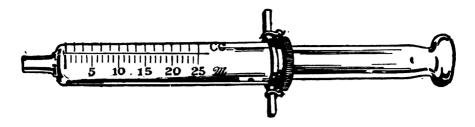
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Davis & Gock	Second Cover	Radium Chemical Co	18
Diack, A. W		Read Machinery Co	
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Dix, Henry A., Sons Co		Ross-Gould Co	
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	•	Safety Anathesia Apparatus Concern	
Eagle Pencil Co	9.8	Sargent, E. H., & Co	81
Economy Mercantile Co		Scanlan-Morris Co	61
		Schering & Glantz	
Edmands, Walter S	84	Schoenheit & Pierce	
		Sexton & Co., John	
E-tal C	1.		
Faithorn Co.		Sherman, G. M., M. D.	
Ford Co., J. B		Snellenberg, N., & Co	
Fry Bros. Co	22	Southern Cypress Mfg. Ass'n	
		Stanley Supply Co	13
		Stewart-Hartshorn Co	81
Genesee Pure Food Co	55		
Goodwill Electric Co		II C Costs David Dates Co	
Gumpert, S., & Co		U. S. Gutta Percha Paint Co	
,,	i	Van, John, Range CoVitrolite Co.	
Hobart Mfg. Co	20		
Undial's Maked Mills Co	00	With C C Daniel Mr. C.	
Horlick's Malted Milk Co		White, S. S., Dental Mfg Co	
Hospital Nurses' Uniform Mfg. Co		Will, Folson & Smith	
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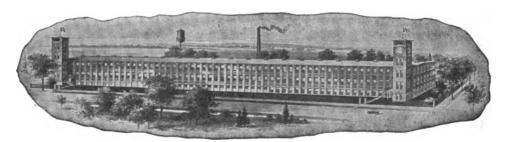
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FACTORY AND GENERAL OFFICE



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HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

The New Member of the "Team"



Overcoming Delays in Food Service

Research Hospital, Kansas City, Perfects System by Which Loss of Time in Handling Trays is Minimized

The real problem in the food department of the hospital, in the opinion of many superintendents, is that involved in handling.

No matter how high the quality of the raw materials purchased; no matter how carefully and skilfully the food is prepared in the kitchens; no matter how painstakingly the trays are set—all of this effort goes for naught if the food is so handled that it is cold and unappetizing when it reaches the patient.

The system which is most successful, therefore, is evidently that which lays stress on handling methods, and which eliminates delay, speeds up the processes which ensue between the kitchen and the bedside of the patient, and affords as few opportunities as possible for loss of heat and appetizing quality.

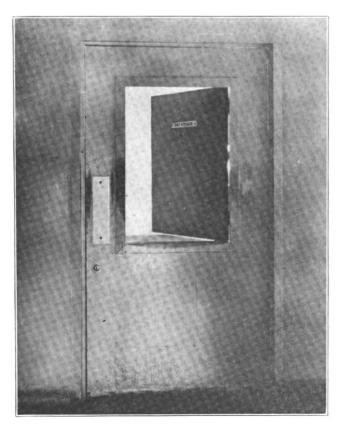
Research Hospital, of Kansas City, Mo., one of the leading institutions of that community, has worked out a plan that Fred L. Wooddell, business manager, believes has overcome the usual difficulties involved.

The main features may be summarized as follows:

Use of a large elevator nstead of dumb-waiters for conveying food to serving rooms.

Conveying food from main kitchen to serving rooms in original containers on trucks, avoiding rehandling before serving.

Use of exceptionally large serving rooms, and preparation of tray immediately before its delivery to the patient.



PANEL IN SERVING ROOM DOOR

A great deal of delay is often involved in moving food by means of dumb-waiters, in Mr. Wooddell's opinion, and this is especially objectionable when the trays have been completely set in the main kitchen, and must be moved to the floors and distributed to the patients thereafter. The interval is thus so long that the opportunity for the food to become cold and the tray to lose its attractive character is marked.

By having a large elevator, which is used exclusively for the movement of food and supplies between the main kitchen and the serving rooms on the several floors, and by using trucks which carry the original containers of food, this feature has been done away with, and the result is reported to be a much more rapid and successful movement. An elevator operator is on duty constantly, so that there is no delay in getting service.

Milk, fruits and special nourishments used on the floors are usually taken up before meal-time. A feature of the serving rooms is that they are equipped with double refrigerators, a single coil cooling not only the box used in the serving room, but another which opens into the corridor, and from which the nurses may obtain the special things provided for their individual patients. The fact that a great many items are taken up in advance of meals simplifies the transportation of the remainder of the food to be delivered.

The conveyor which is carried up on the elevator to the serving rooms consists of a double-decked rubbertired truck, and the food is placed on this in the original vessels in which it was prepared. Because of the capacity of the trucks and the elevator, it takes only a few trips to get the food containers to the serving rooms and into the steam tables or onto the gas ranges.

The serving rooms are worthy of special attention, because they are so large. Instead of being "diet kitchens" of the usual restricted floor space and capacity, in which even a few people moving about discommode each other, they are roomy and capacious, and average 15x25 feet in dimensions. They are equipped with gas range, steam table, coffee urn, refrigerator, sink, tray racks, cupboards, etc.

In spite of their size, however, nurses not concerned with setting up the trays do not come into the serving room at all. This is unusual, and for that reason deserves emphasis. Only a nurse, in charge of this work, and a maid who assists her, are in the serving room. Furthermore, they do not prepare a tray until the nurse who is to deliver it to the patient is ready to take it.

The door to the serving room is kept locked during mealtime, but there is a swinging panel in the top, and a shelf on the inside. Through this panel the tray is passed to the nurse. When Miss Smith is ready to take the tray to her patient in Room 34, she appears at the door and lets this fact be known. The tray is then prepared, and not before. As soon as it is ready it is taken to the patient, the food having been taken from the containers, now in the steam tables, only a few seconds earlier. Thus

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VIEW OF ELEVATOR AND FOOD TRUCK

there is practically no chance for it to become cold before being eaten.

The obvious objection to the plan is the possibility of crowding and congestion, as well as the increased time required to take care of the situation.

"There is some congestion around the serving room door at meal-time," Mr. Wooddell admitted, "but this is not particularly objectionable. The people in the serving room are not distracted by having a lot of others moving about within, and while it takes about an hour to prepare all the trays and get them distributed, I consider the time as well spent, in view of the fact that the patients get good food, well served."

Another factor that sometimes makes for disturbance is the tendency of special nurses to come into the diet kitchens and serving rooms and disorganize the routine in caring for their own patients. This is obviated in Research Hospital by the plan of having a kitchenette on each floor, where the special nurses prepare the diets required for their cases.

The plan in Research Hospital up to this time has been to operate two general kitchens, one in charge of a steward preparing the food for the staff, employes and nurses, and the other, supervised by a dietitian, taking care of the patients' diets. However, this has been found to be an unsatisfactory method in some respects, owing to the duplication of operation, and hereafter the cooking will be done principally in one kitchen. A chef-steward, with years of hotel experience, has been employed, and will have charge of this department, with the dietitian looking particularly after the serving of the food and the preparation of the special diets.

"We have employed a chef-steward, who will have charge of the store-room and help employed in the main kitchen, dining room, store-room and elevators," explained Mr. Woddell. "In the main kitchen he will have the assistance of two women cooks, one general utility man, one dish-washer, three dining room girls.

"The diet kitchens will be in charge of the dietitian and one assistant, who is also a graduate of a domestic science school. In the main diet kitchen there will be two maids and one or two student nurses. In each of the serving rooms above, of which there are four, there will be one maid and one student nurse.

"All general diets will be cooked in the main kitchen, but served through the main kitchen to the serving rooms above. All special diets are prepared in the main diet kitchen or the serving rooms above.

"By having these food jars removed from the steam table in the main kitchen and transferred to the steam tables in the serving rooms above and having trays prepared in the serving rooms and passed immediately to

Continued on Page 66.





Cafeteria Saves Labor, Food and Time

Hahnemann Hospital, Philadelphia, Finds Self-Service Economical in Many Ways; Experiences of Other Institutions

That hospitals are turning more and more to the cafeteria as a solution of the problems incident to the general shortage of labor is indicated by the interest shown in this form of food service by a number of institutions in all parts of the country. And in one instance, at least, the cafeteria system has proved so successful and efficient that the hospital asserts it would not return to maid service. This institution is Hahnemann Hospital, Philadelphia, which in its year and a half of experience has found its cafeteria a source in economy in food and in time as well as in labor.

Other institutions are impressed with the general economy of the system, but have failed to discontinue maid service as long as help was available. Some of these, however, intimate that unless there is an early improvement in the labor situation they will seriously consider the installation of cafeteria equipment.

The big objection to the self-service method of providing meals is that in a majority of cases meal time for nurses is a time for relaxation and rest and the cafeteria system, involving waiting in line, loading a tray, returning to a table and, in many cases, carrying the empty dishes to a receptacle, leaves little time for rest. This condition, of course, may be obviated by a well planned installation, but it forms the great objection in the minds of superintendents and others who are free to admit that the "help yourself" system is more economical than table service.

ECONOMICAL IN MANY WAYS

"The cafeteria installed in the nurses' home nearly a year and a half ago has proved so satisfactory that no one would ever want to return to the old method of service," writes Mrs. Joseph M. Steele, chairman, training school committee, Hahnemann Hospital, Philadelphia. "We serve at each meal about 140 nurses. This includes supervisors, specials and pupil nurses.

"The cafeteria is economical in many ways; first in regard to nurses' time, as a nurse is served immediately. Then the condition of the food is better because there is less handling. Food that should be hot is hot, while food that should be served cold is cold. A nurse's preference for fat or lean, well-cooked or rare meat, is easily taken care of.

"The same also holds good in reference to choice or size of portions of vegetables. Again, butter is cut in individual portions and placed in a bowl of cracked ice to be taken out just when it is to be used.

"These are only a few of the advantages we have found, but the best and greatest saving is in the food itself; there is no waste as a nurse just takes what she knows she will eat.

"The cafeteria system likewise requires far fewer maids since they have only the trays and soiled dishes to gather."

"The nurses themselves much prefer cafeteria service," Mrs. Steele concludes, "which I feel is the best indorsement."

The cafeteria system has been in use at Morristown, N. J., Memorial Hospital about two years, according to George B. Landers, M. D., superintendent, and has given satisfactory service.

"Nurses upon entering the dining room get their supplies from a hot closet and return the soiled dishes to the pantry after completing the meal," Dr. Landers writes. "The cafeteria system has been in use in the nurses' dining room for about two years and is working out quite satisfactorily."

The Charles S. Gray Deaconess Hospital, Ironton, O., is another institution entirely satisfied with its cafeteria service, according to Blanche P. Turney, R. N., superintendent

Cohoes Hospital, Cohoes, N. Y., also has adopted the self-service system with satisfaction. Miss Anna F. Coon, R. N., superintendent, installed the cafeteria when the help problem could be solved in no other way and she writes that she finds it satisfactory. Miss Coon cites confusion incident to returning for second helpings and some disturbance for the kitchen help as drawbacks, but adds, "without a doubt this could be rectified in a larger institution where better provisions are made for cafeteria service."

The Lewis-Gale Hospital, Roanoke, Va., is interested in the cafeteria system, according to Superintendent S. V. Thacker, who, however, writes that the institution has had no experience in this method of food service.

Dr. W. F. Fessey, superintendent and surgeon, Nashville, Tenn., City Hospital, also expresses interest in the cafeteria idea as tried out in other institutions, although, he, too, has had no personal experience with them.

Miss Ethel H. Butts, R. N., superintendent, Deaconess Hospital, Spokane, Wash., objects to cafeteria service because "it takes away the home atmosphere." "Nurses are tired when they come to the dining room," Miss Butts writes, "and they need the opportunity for rest and relaxation which is afforded by being waited upon during the meal hour. The cafeteria system no doubt has its advantages in that it saves help when help is so hard to obtain, but if I wished to economize it would be in some other department than the nurses' dining room."

SOLVES HELP PROBLEM

Miss I. Midell, R. N., superintendent of the Good Samaritan Hospital, Lebanon, Pa., writes that since nurses usually are tired at meal time they should spend this time in the most restful way possible, instead of standing in line to be served, and for this reason she says she would not advise the installation of a cafeteria as long as dining room service can be maintained.

The Holzer Hospital, Gallipolis, O., writes that it will not install cafeteria service unless lack of maids makes this imperative. This institution has learned that other hospitals that have found cafeterias a satisfactory solution of the help problem, for various reasons, plan to return to the table service if when labor conditions warrant such a change.



Refrigeration Plant Is Big Economy

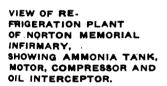
Norton Memorial Infirmary System Saves Time, Money and Trouble; to Pay for Itself in Three Years

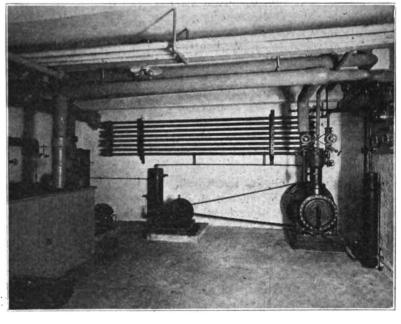
Tucked away in a corner of the basement of Norton Memorial Infirmary in Louisville, occupying a room eighteen by sixteen feet, is a refrigerating plant which, at the present rate, will pay for itself in dollars and cents within three years. It was put into operation in January, 1920; its total initial cost was \$5,500; since it was installed it has manufactured more than \$1,300 worth of ice besides keeping one large refrigerator and three smaller ones at a constant temperature of 30 degrees Fahrenheit.

About three years ago the number of patients taken care of by the infirmary practically doubled. Its capacity is 110 beds and they are full all the time. When this increase came the problem of supplying the refrigerating needs of the hospital became a serious one. A shortage of ice among local manufacturing plants during the sum-

frigerating machine is operated by means of an electric motor a few feet away. The pump is located at the side of the ice tank.

Directly above this room, on the first floor of the infirmary, is the main refrigerator. It is divided into three compartments, each about nine feet long and four feet wide. One is for milk, one for vegetables, and the other for meat, butter and eggs. It is kept at a constant temperature of 30 degrees Fahrenheit. Above this, on each of the remaining three floors of the building, are the diet kitchens in which are placed smaller refrigerators operated by the brine system. In these are kept the day's supplies taken from the big refrigerator. The ice compartments of these smaller boxes are about two feet high by two and a half feet long by a foot and a half wide. In





mer of 1919 hastened the decision of the hospital authorities to install a plant of their own.

Few hospitals have more than enough money to supply their immediate needs, but in the belief that the installation of an ice plant would result in an ultimate saving and prove an economy in the long run, the money was raised and construction of the plant begun. The little room in the basement, previously used as a store room, was cleaned out and made ready. The ice tank, $6\frac{1}{2}x12$ feet, with 8 inches of pulverized cork insulation around it, was built in a corner of the room against two walls. It has twenty-four tanks of 100-pound capacity each.

On the other side of the room is the refrigerating machine. The first one installed at the hospital was a second-hand one, purchased because of its low price, but it gave a great deal of trouble and no satisfaction. It was removed and a new one put into operation. It has given no trouble since its installation. It has a capacity of six tons, though the tank capacity is only one ton. The re-

this compartment is built the tank which contains the coils and brine. These are in direct connection with the plant in the basement.

The economy of the refrigerating plant is plain. It has been in operation since January 1, which, at the present writing, totals seven months. It has produced in that time 2,400 pounds of ice daily which at the present price of ice amounts to \$1,764. Add to this the ice consumed by three small refrigerators and one large one and the total amounts to nearly \$2,000.

Convenience is the next greatest recommendation of the individual refrigerating system. The noise of ice wagons and ice men, and the dirt and trouble inevitable in handling ice are avoided. There is no necessity of looking in the ice box to see if the supply has run out.

The present refrigerating machinery in the plant was all installed by the Vogt Brothers Machine Company, of Louisville, which specializes in refrigerating machinery of varying sizes for general industrial use.

Efficiency Sheet for Hospital Kitchen

Toledo Hospital Records Keep Daily Check on Ability of Department Head as Administrator and Buyer

Complete and accurate records of all departments are essential to the successful administration of a hospital, but nowhere, perhaps, do recording systems pay better than in the culinary department. In the first place, statistics show that at least 50 percent of a hospital's expenditures is for food, including raw material, fuel, wages and equipment, and because of steadily increasing prices today many institutions are finding culinary department costs rising even higher.

In view of these facts, therefore, the recording of expenses for the operation of the hospital kitchen should receive the closest attention of the superintendent. Waste in the kitchen is extremely costly and unless there is a proper check it may be carried on for long periods. It is obvious, therefore, why in the study of cost systems, superintendents are devoting particular attention to ways and means of keeping track of costs and amounts of materials and supplies used in the culinary department.

PRACTICAL SYSTEM EVOLVED

The Toledo, O., Hospital of which Mr. P. W. Behrens is superintendent has evolved a most practical system of checking expenses in its kitchen, one that may be followed by profit by a great number of superintendents. Not only does this institution know the cost and quantity of materials consumed from day to day or in any given period, but it is able to obtain from its records at a glance the cost to a penny of every meal, all items of overhead included.

In arriving at the overhead expense by the Toledo system the following items are estimated: interest on investment in kitchen and dining room, depreciation, replacement of linens, light, fuel, steam, ice, water, soap, laundry and wages of employes. The total of these items represents the general expenses or overhead for a day and to this is added the cost of the raw foods used and thus the actual cost of the meals for that day is found.

In the case of the Toledo Hospital this overhead is \$31.93, which is arrived at on the following basis:

Value	of	kitchen	and	dining
room		······	\$	32,000.00
Interes	t of c	ost at 6 pe	er cent	120.00 per year or 0.34 per day
Deprec	iatio	at 10 pe	r cent	100.00 per year or 0.27 per day
Breaka	ge			200.00 per year or 0.56 per day
Replac	emen	t of linen:	s	300.00 per year or 0.83 per day
Steam,	fuel,	light		3.00 per day
Ice				1.20 per day
Water		· · · · · · · · · · · · · · · · · · ·		.70 per day
Soap				1.80 per day
Laund	ту			1.50 per day
Wages	, ki	tchen, d	ining-	
roon	ı, die	t kitchen .	· · · · · · · · · · · · · · · · · · ·	21.97 per day
•				

General Expense\$31.93 per day

There may be other methods of arriving at the over-

head, involving greater detail, but the system outlined above serves all the purposes of the Toledo Hospital.

EACH ITEM SEPARATE

In recording the daily expenses for raw foods, the Toledo Hospital enters each item separately, together

with the quantity used, the price of each unit and the total price of the allotment consumed. In this way an accurate check may be kept on every detail of the foods required and by comparing the daily costs any unusual discrepancy either in the quantity of food used or in the price is immediately apparent.

A study of the daily records of the Toledo Hospital kitchen for the period from March 17 to April 7, 1920, disclosed the following average cost for a meal:

March	17		March 26
March	18,	21	March 27
March	19	22	March 28
March	20		March 29
March	21		March 30
March	22		March 31
March	23		April 1
March	24		April 2
March	25		•

Indicative of the value of a record system in the kitchen is a study of the foregoing figures which show a variation in average cost per meal of from 19 cents to 26 cents in six days. An examination of the record for March 21 when the cost was 19 cents will further show that on this day the total cost of raw foods was \$102.05, which, plus the overhead of \$31.93, made the total food cost of the day \$133.98. The itemized expenses for raw foods for this day, as shown by the record system, were as follows:

COST OF RAW FOODS-MARCH 21, 1920

COST OF RAW FOOD	S-MARCH	21, 1920	
Article. Amo	unt.		Cost.
Buttermilk 2	quarts	\$0.08	\$0.16
Milk25	gallons	.44	11.00
Cream 2	gallons	1.70	3.40
Oleo 2	pounds	.33 1/2	.67
Butter11	pounds	.73	8.03
Eggs111/3	dozen	.51	5.78
Meat-Beef32	pounds	.31	9.92
Pork32	pounds	.24	7.68
Ham 25	pounds	.30	7.50
Bread38	loaves		5.20
Potatoes 11/2	bushels	3.50	5.25
Canned Fruit-Blkberries 1	sm.		.18
Apricots 4	gallons	1.00	4.00
Peaches 2	gallons	1.101/8	2.21
Canned Vegetables—Peas 1	sm.		.17
Peas 5	gallons	1.02	5.10
Tea—Green	pound	.32	.16
Coffee 4	pounds.	.36	1.44
Sugar14½	pounds	.161/2	2.31
Cornstarch 1	box		.11
Crackers 3	pounds	.18	.54
Graham Crackers 2	pounds	.20	.40
Rolled Oats 2	boxes	.25	.50
Rice 6	pounds	.151/2	.93
Tapioca 3	pounds	.15	.45
Marshmallow Cream 2	cans	.41	.82
Pimentoes 3	sm.	.24	.72
Vinegar 1	gallon		.44
Lemons	dozen	.20	.07
	- /	0 0 0	

Oranges	.34 .121⁄2	1.47 3.00
Grapefruit1/2 dozen	.031/3 ea	
Tomatoes 8	.05%	.72
Chicken30 pounds	.38	11.40
		\$102.05
General Expe	nses	31.93
		\$133.98
No. of People174		
No. of Meals532		
Cost per meal\$0.26		

On March 27, when the average cost per meal had jumped to 26 cents, the record showed the following items:

COST OF RAW FOODS-MARCH 27, 1920

Article.	Amo	unt.		Cost.
Buttermilk	1	quart		\$0.08
Milk	25	gallons	\$0.44	11.00
Cream	2	gallons	1.70	3.40
Oleo	3	pounds	.331/2	1.001/3
Butter	111/2	pounds	.73	8.391/2
Eggs	14%	dozen	.46	6.803/3
Meat-Lamb		pounds	.33	2.64
Pork		pounds	.24	.60
Liver	16	pounds	.36	5.76
Bread	34	loaves		4.60
Potatoes	11/2	bushels	3.80	5.70
Canned Fruit-Cherries	2	gallons	1.50	3.00
Canned Veg Spinach	1	gallon	.631/2	.631/2
Refugee Beans	4	gallons	1.00	4.00
Lima Beans	3	sm.	.271/2	.821/2
Coffee	4	pounds	.36	1.44
Sugar	131/2	pounds	.161/2	2.143/4
Cornstarch	3	boxes	.11	.33
Crackers	3	pounds	.18	.54
Graham Crackers	2	pounds	.20	.40
Grapenuts	3	boxes	.121/2	.37 1/2
Cream of Wheat	2	boxes	.25	.50
Rice	5	pounds	.151/2	.93
Split Peas	3	pounds	.10	.30
Fresh Fruit-Lemons	1/2	dozen	.20	.10
Oranges	4!4	dozen	.34	1.441/2
Apples	1	peck		.77
Celery	3	bunches	.11	.33
Lettuce	3	heads	.121/2	.371/2
Jelly	1	glass		.35
Cabbage	15	pounds	.07	1.05
				\$70.60
		General	Expenses	31.93

Further examination of the records of these two days discloses the fact that 181 people were fed on March 27, or 543 meals were served, at a total cost of \$102.53, including overhead. On March 21 when the average was highest, 522 meals for 174 people cost \$133.98. At first glance, the fact that it cost \$30 more to feed 174 people than it did to feed 181 would lend one to believe that there had been waste, but the detailed list of expenses for the two days shows that approximately the same

\$102.53

quantities of various foods had been used. The discrepancy is accounted for in great measure through the appearance of thirty pounds of chicken on the menu for March 21 and the use of 89 pounds of other meats. The meat bill for this day, in round figures, was \$35.50, compared with \$9 for March 27.

DAILY EFFICIENCY SHEET

These excerpts from the culinary department records of the Toledo Hospital indicate how easily they enable the superintendent or other interested person to visualize the amount of foods used from day to day. The record itemizes the exact quantity of each food consumed, together with the hospital census for the day, so that every means is furnished for checking expenditures and amounts. By showing the price paid for each commodity from day to day there is a further check on the ability of the dietitian or steward as a buyer, for by referring to other sources of market information one can determine whether or not Toledo Hospital has paid more than the current price for any article.

Thus the system is a daily efficiency sheet for the culinary department and a check on the person in charge, not only regarding wisdom in using an economical quantity of foods, but also in buying to best advantage.

Further study of the Toledo record system as shown by the sheets taken from the actual records will disclose further facts and suggestions of interest to other superintendents and culinary department heads. A comparison of local prices with those for Toledo for the days involved also may be worth while.

Davis to Go to New York

Boston Dispensary Director to Surpervise Development Work in October; Wing May Succeed Him

Mr. Michael M. Davis, Jr., one of the best known dispensary superintendents in the United States, will sever his connection with the Boston Dispensary in October. Mr. Davis for some time has been directing a dispensary survey in New York as chairman of the Dispensary Development Committee of the United Hospital Fund and after October 1 he will have his permanent headquarters in New York in connection with this work.

Mr. Frank Wing, general secretary of the Social Welfare League, Rochester, N. Y., who formerly was superintendent of the Chicago Municipal Tuberculosis Sanitarium, is to succeed Mr. Davis as director of the Boston Dispensary, it is reported.

\$1,000,000 Hospital For Los Angeles

Plans for the establishment of a hospital in Los Angeles that will be on a par with the best in the country have been announced. The institution will be known as the University 1¹ ospital, Medical College and Clinic and the project is capitalized at \$1,000,000. Facilities for 250 patients are contemplated and construction work on the group of three buildings is expected to start before January, 1921.

Police Hospital Planned

A 300-bed hospital to cost \$5,000,000 is to be established for the police department of New York. The building will be erected in Brooklyn and will be especially equipped to treat pulmonary troubles, fallen arches and other ailments to which policemen are susceptible.

Many Types of Range for the Hospital

Combination Coal and Gas Burner Develops Heat Rapidly; Features of Construction of Other Models

By Charles S. Pitcher, Kings Park, N. Y.

We are told that man at first ate raw food. Lamb in his "Essays of Elia, A Dissertation Upon Roast Pig," in the opening paragraph states:

"Mankind, says a Chinese manuscript, which my friend M. was obliging enough to read and explain to me, for the first seventy thousand ages ate their meat raw, clawing or biting it from the living animal, just as they do in Abyssinia to this day."

Later on in this paragraph he attributes the discovery of roast pig to an unhappy accident of a Chinese boy, Bo-ho, who accidentally set his father's cottage afire, which resulted in the burning of the cottage and also nine newfarrowed pigs. The discovery of roast pig was made when Bo-ho stooped down to feel the pigs to see if there was any sign of life in them. He burned his fingers and to cool them he applied them to his mouth.

"Some of the crumbs of the scorched skin had come away with his fingers, and for the first time in his life (in the world's life, indeed, for before him no man had known it) he tasted—crackling."

This humorous story of the discovery of roast pig may not be far from the truth—greater discoveries have been made in more unlikely ways.

This method of applying heat to food would at least be an expensive one for a general practice.

The different processes of cooking food have undergone many evolutions. The kitchen range is only one of the means now employed. This study will be devoted to the type of range now generally designated as the hotel range. These ranges will be classified according to the fuel which is used.

WOOD BURNING RANGES

When we think of the wood burning range we usually have in mind the old family cook stove. The hotel range, however, may be equipped with a fire box for burning wood. There are also types of wood burning ranges designed for use in the army, lumber camps and by campers where it would not be feasible to use other fuel.

COAL BURNING RANGES

The most popular type of coal burning range and the ones most generally used are constructed of steel plates with fire box for wood, bituminous coal, or anthracite coal. These ranges have removable tops of either French pattern with half moons, rings and covers over fire and solid slip plates over ovens, or with covers in sections or half moon, rings and covers over fire box. Hotels and hospitals usually prefer French pattern tops with half moons, rings and covers over fire and solid slip plates over ovens. This style of range is preferred for large quantity cooking. Complete details of construction and other information may be found in the catalogues describing these ranges. Some of the manufacturers of this type of range are as follows:

Duparquet, Huot & Moneuse. Bramhall, Deane Co. Walter J. Buzzini, Inc. L. Barth & Son.
(All the above of New York City.)
Hotel Specialties Co., 108 South LaSalle St., Chicago.

(Agent for the "Poe Range.")

Albert Pick & Co., Chicago.

V. Cladd & Son, Philadelphia.

Morandi-Proctor Co., Boston.

Majestic Manufacturing Co., St. Louis, Mo.

(Manufacturers of the "Smokeater Range.")

John Van Range Co., Cincinnati.

The S. B. Sexton Stove & Mfg. Co., Baltimore.

The same general type of construction is employed by the manufacturers of all the above ranges with the exception of the "Poe" range and the "Smokeater" range. Both of these ranges are used for burning soft coal and employ a means in their construction for consuming the gas generated from the combustion of the coal. Great economy is claimed by the manufacturers of this type of range. The manufacturers of the "Poe" range in their circular say:

"The entire process by which the 'Poe range' accomplishes this remarkable efficiency may be described as follows: A soft coal fire is started in the fire box in the usual way. The burning of the coal liberates carbon monoxide gas, which is the gas contained in all coal. The range is provided with two false bottoms. The air for the draft enters the lower one at the end opposite the fire box, passes through the entire length of the range, where it is heated, then up through the hollow fire linings on each side of the coal bed where it is superheated, and blows through the holes just above the top of the fire bed. This instantly ignites as it mixes with the liberated carbon monoxide causing complete combustion of the gas. The effect produced is a solid sheet of flame which is carried the entire length of the range over the top of the ovens, down the far end and underneath the ovens, heating them with uniform intensity both top and bottom. Through the intensely hot sheet of flame just described the smoke and soot from the burning coal has to pass on its way to the flue, and in so doing is completely burned.

AIR DRAFT OVER COAL BED

"When all the gas in coal is liberated by burning the coal without air, coke is formed. This essentially takes place in the 'Poe range,' for the air draft is over the top of the coal bed, causing combustion of the liberated gas; and the coking of the coal, which continues to burn, giving complete combustion of both gas and coke. In fact, Robert L. Poe, the inventor of the 'Poe range,' has found the way to manufacture both gas and coke, and burn them both simultaneously in the same fire, thereby procuring the maximum efficiency in heat from the fuel consumed."

This should be a desirable range in soft coal sections.

The Majestic Manufacturing Co., which produces the "Majestic Smokeater," a popular range in the West and

South, give the following brief description of the operation of its range:

"The air passes into the firebox at the end of the range, goes through the air-tight compartment under the ash pan and between the flue next to the first oven and the ash box, into the bottom of the hollow iron castings in the firebox. Twenty per cent of air is oxygen, and it is necessary to burn all the oxygen that enters the firebox, or one-fifth of all the air entering in order to make a range economical from a fuel saving standpoint. It is necessary to heat air to approximately 500 degrees before the full 20 per cent can be consumed. This we do by superheating the incoming air before it enters the fire."

Manufacturers of the other type of range put forth the claim that the types of range more particularly designed for burning bituminous coal are only effective if great care be observed in the balancing of the admixture for combustion inasmuch as the bituminous coal is first coked, and in this process all the gases are consumed and the coke in its turn is also consumed and the precipitate is very small. The objection of rival manufacturers to this construction is that care must be observed in the matter of handling the air admitted for the purpose of combustion of the coke and that the general operation of the range requires somewhat more skill than the ordinary type of hotel coal burning range.

FEW CHANGES IN CONSTRUCTION

The general construction of the hotel range using coal for fuel has not changed much for the past twenty years with the exception of the "Poe" range and the "Smokeater" range. The idea employed in the two latter ranges would seem to be not a new one, but dates back a great many years. Professor Warren of Yale University in the early forties invented a gas consuming device to be used in a coal heating stove. This consisted of an annular ring set immediately around the fire chamber, pierced with holes at intervals of about one inch on center projecting inwardly over the fire chamber.

Some twenty-five years ago Mr. Dwight S. Richardson of the Richardson-Boynton Company, developed this same method for the operation of a hot air furnace for soft coal burning.

Some ten years ago a firm in New York applied this principle to anthracite coal burning hotel ranges and an investigation made by the writer at that time would seem to indicate that the apparatus worked successfully. For some reason this firm is now confining its activities to the use of this device in connection with heating houses

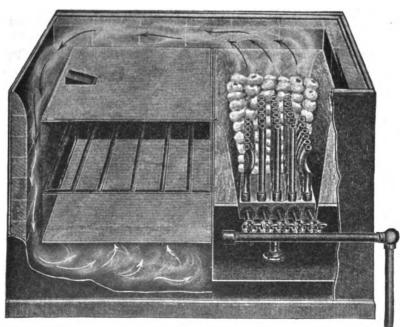
If coal is used for fuel the location of a hospital should determine what type of range to use. It would seem wise for hospitals to investigate very carefully the type of range suitable for burning the coal most plentiful in its locality.

GAS BURNING RANGES

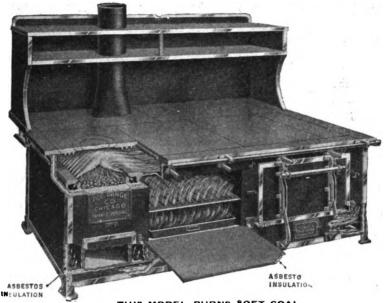
One of the popular gas ranges is the "Garland Gas Range," which has two syphon blast burners. This range is manufactured by the Michigan Stove Company, Detroit, and can be secured from kitchen outfitters and firms dealing in gas ranges. Another popular gas range is the "Vulcan," manufactured by the William M. Crane Company, 20 West 32nd St., New York City. The top is heated by a four-ring burner, each ring controlled by a separate cock.

These two types of gas range are especially mentioned for they represent different types of construction and each manufacturer claims superior economy in fuel on account of the difference in construction. Each type of range seems to give equal satisfaction to the users.

Nearly all the manufacturers of kitchen ranges mentioned in connection with coal burning ranges either sell the "Garland Gas Range" or the "Vulcan," or have developed a gas range of their own in which the predominant factor is a series of blast burners running along the front edge under the top of the range and delivering a flame which extends well to the rear of the top. This works very satisfactorily in the sense that it gives a graduated heat from the front of the range to the back,



TYPE OF GAS BURNING RANGE FOR HOSPITAL USE.



THIS MODEL BURNS SOFT COAL.

thus simulating in operation the hotel coal range, offering the chef intense heat in the front with less heat in the back of the range. The William M. Crane Co., manufacturers of the "Vulcan" range give the following description of its construction:

"The top is heated by a four ring burner, each ring controlled by a separate cock which gives the cook greater flexibility of control and enables him to effect many economies in gas consumption because he can do his cooking with the minimum amount of gas required.

"This construction has proven unusually economical in service in many of the largest hotels and institutions. After the burner has been lighted for a short time the top becomes red-hot in the center and the heat is drawn off to the sides giving the cook all the cooking facilities of the French top plus the advantages and cleanliness of gas for fuel.

"The heavy fire bricks surrounding the burner absorb a great deal of heat which is radiated against the top and makes it possible to maintain a sufficiently high temperature for most practical cooking requirements with one or two rings shut off at a total gas consumption of 40 cubic feet per hour."

No gas range should be purchased for hospital use which is not of a heavy hotel type with a heavy French top.

ELECTRIC RANGES

There are many electric ranges in the market for family use, but the supply of electrical ranges suitable for hospital and hotel use are not so plentiful. Among the electrical equipment developed for this kind of work is the Hotpoint, Edison and Hughes sold by the Edison Electric Appliance Company, Inc., New York and Chicago.

Some of the kitchen outfitters have developed satisfactory electric kitchen units. Those of Duparquet, Huot & Moneuse, Bramhall, Deane Company, and Walter Buzzini, Inc., have been brought to the writer's attention.

Whether electric cooking apparatus should be used for hospitals is a mooted question. One usually has the choice of coal, gas or electricity. Where all three are available great care should be given in the selection. Coal is the simplest, and dirtiest, and the heat produced is the hardest to control. Gas is easy to control, but must be properly handled. Electricity is easy to control, does not smell, smoke or explode. It usually costs more to install and has a higher cost for up-keep. Where there are both gas and electricity, gas would seem preferable on account of smaller cost of installation and maintenance of the equipment and the lower price for the gas. Where coal and electricity only are available, it would seem advisable to use coal in the main kitchen and electricity in the diet kitchens, for it would not be economical to maintain a coal fire in each diet kitchen. It is claimed electricity produced by water power at three cents per kilowatt is as economical as gas.

The location of the hospital would determine to a large extent whether coal, gas, electricity or fuel oil should be used. Where there is an abundance of water power for producing electricity and supplies of coal and gas are hard to obtain, it might be economy to use electricity throughout the hospital for cooking, but as a general proposition it would not seem wise to do this.

OIL BURNING RANGES

The ordinary oil stove used in families is not considered, consideration being given only to low gravity oil burning ranges for large quantity cooking.

The use of low gravity (crude) oil burning ranges is in its infancy. The S. B. Sexton Stove and Manufacturing Company, Baltimore, has developed a successful oil burning range. Bramhall, Deane Company, of New York, has also made quite a number of oil burning ranges.

It is not generally conceded by range manufacturers that oil can be successfully used for hotel and hospital ranges. It is only within recent years that oil has been successfully used as a fuel for large stationary steam plants and for marine boiler furnaces. In localities where oil is available at a less price than other fuel it would seem feasible to use it for kitchen ranges in hospitals and hotels. Its use now is confined principally to marine

(Continued on page 72)





Footprints Keep Infants Straight in this Hospital

By E. Bennestt, R. N., Obstetrical Supervisor, Columbia Hospital, Milwaukee

Identification of infants by footprints has been taken up by hospitals, many of which are using this means to guard against chance of error.

At Columbia Hospital, Milwaukee, this method of identification has been followed for about three years. Prints of both feet are made and filed and a print is given to the mother.

The materials used at Columbia Hospital, as shown in the accompanying illustration, include: 1 tube printers' ink, 1 printers' roller, gasoline, soap and water, 2 pieces of plate glass, 4x10 inches, 1 footprint blank, gauze sponges.

A small amount of ink is rolled out smooth on a glass plate and the roller then passed over the second plate, leaving a thin coating of ink against which the infant's foot is pressed. The print is obtained by pressing the foot, coated with ink, against the footprint blank. The ink must be applied very th'nly to obtain a good print.

It is important that footprints be taken immediately after birth and before there is the slightest opportunity for the infants to be "mixed up."

The foot prints may be made on the history sheet or on any other plain white paper. During their stay in Columbia hospital the infants also are tagged with a bracelet. The footprints are filed with the chart and form a permanent record which should settle any dispute, no matter how long after the birth of the infant.

Venereal Clinic at A. H. A. Convention

U. S. P. H. S. to Operate Model Dispensary at Montreal; Out-Patient and Social Service Exhibits Planned; Program Announced

An important step in the direction of making the annual conventions of the American Hospital Association of more practical value to all who attend is outlined in recent notices issued by the Association and sent out with copies of the tentative program for the 1920 gathering which will be held at Montreal October 4-8. Exhibits will be shown of a model dispensary, a venereal disease clinic and a hospital social service department. Each of these exhibits will be supervised by an executive of recognized ability and other authorities also will be present to answer all questions and advise all who are interested. An exhibit of hospital construction is another practical innovation.

The model venereal disease clinic will be conducted by the Division of Venereal Disease of the United States Public Health Service and will give actual demonstrations of the work of such a clinic. The Division of Venereal Disease will provide personnel for the clinic and assign a physician to be in charge, a nurse and a technician to demonstrate treatment procedure, equipment, clinical organization, record systems and forms, social service and everything that enters into an efficient clinic for the diagnosis and treatment of venereal disease.

INTEREST IN VENEREAL CLINICS

In announcing the plans for the venereal clinic, the A. H. A. notice says:

"The most significant development in the dispensary field during the last few years has been the establishment of a large number of clinics for the treatment of venereal disease. On the other hand there are many hospitals and dispensaries in communities greatly needing such facilities that have not yet developed them. Recognization of these facts has led the Committee on Out Patient work of the American Hospital Association to make a part of its service to the Association at the Montreal meeting the operation of a model or demonstration venereal disease clinic.

"Social Service in relation to venereal disease clinics will be demonstrated by the Social Service Section of the Association in co-operation with the Social Service Department of the United States Public Health Service and the American Association of Hospital Social Workers. Opportunity will be afforded all inquirers to obtain expert advice on all phases of venereal disease dlinical work. Those who wish will be put in touch with hospital people who have had experience in dealing with the various problems related to the organization of such clinics in different types of hospitals. Record forms both medical and social will be available for inspection."

Mr. John E. Ransom, superintendent of the Michael Reese Dispensary, Chicago, who is chairman of the Dispensary Section of the A. H. A., will have charge of the dispensary exhibit, the function of which will be to show the best plans of dispensary organization in-

cluding administration and staff organization, equipment, admission systems, record systems, night clinics, etc. Outside of the venereal disease clinic there will be no attempt to demonstrate actual clinical procedure. In cooperation with the Service Bureau on Dispensaries and the Community Relations of Hospitals an information service will be organized by means of which those persons who wish to consult persons especially familiar with certain phases of dispensary work will have the opportunity to do so. In co-operation with the Section on Social Service a similar exhibit and information bureau in relation to hospital and dispensary social service will be arranged.

INFORMATION SERVICE PLANNED

The American Association of Hospital Social Workers, in conjunction with the Committee on Hospital Social Work of the American Hospital Association, is planning an exhibit of methods and organization of hospital social service as it is now carried on in the United States and Canada. An information service is planned that will give ample opportunity for delegates to the convention to discuss with experienced hospital social workers the various phases of the subject.

A special information service will be arranged for such topics as "Psychiatric Social Work," "Social Work with Syphillis and Gonorrhea," "The Organization of a Social Service Department," "Training of the Hospital Social Worker".

Record forms, reprints and reports from various departments will be available for distribution.

The exhibit and opportunity to bring local problems before those really qualified to help, together with the fact that the American Association of Hospital Social Workers is calling a semi-annual meeting in Montreal in co-operation with the American Hospital Association makes this convention especially interesting to all engaged or interested in hospital social work.

The hospital construction exhibit will be under the direction of the Committee on Hospital Construction of the A. H. A. This committee is composed of Dr. George O'Hanlon, chairman, Mr. Frank Chapman, Mr. Ludlow, Mr. Oliver Bartine, secretary, Mr. Edward F. Stevens, Mr. Crow and is at work interesting hospital architects and others in presenting plans for exhibition. Hospitals planning or erecting additions or new buildings are urgently requested to co-operate.

The tentative program of the convention, as outlined by Dr. A. R. Warner, executive secretary, indicates that the meeting will be well worth while. All the important problems confronting hospitals as well as all the phases of hospital work will be discussed by authorities in each field and much time will be devoted to the Round Table under the chairmanship of Mr. Asa S. Bacon, superintendent, Presbyterian Hospital, Chicago. The Round Table has been one of the most popular features of re-

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cent conventions and a part of the Thursday afternoon session and all Thursday evening will be devoted to it.

The final morning of the convention will be given over to a joint session of the American Hospital Association and the American Conference on Hospital Service. The program for this meeting consists of summaries of reports by officers of the Conference on nursing, social service, standardization and other phases of hospital work.

The local committee at Montreal has prepared an interesting program of entertainment for the visitors, the feature of which will be a trip on the St. Lawrence riv-



MR. JOHN E. RANSOM, Superintendent Michael Reese Dispensary, Chicago, Who Will Have Charge of Dispensary Exhibit at A. H. A.

er Wednesday afternoon.

The tentative program follows:

Monday, October 4

Registration.

Inspection of Exhibits.

Entertainments.

Tuesday, October 5, 10 A. M.

Invocation.

Address of Welcome.

President's Address, by Dr. Joseph B. Howland, president, superintendent, Peter Bent Brigham Hospital, Boston.
Report of Trustees, read by the executive secretary.

Executive secretary's report, by Dr. A. R. Warner, executive secretary.

2 P. M.

"Community Hospitals as a Solution of the Rural Health Problem," by Dr. F. E. Sampson, superintendent, Greater Community Hospital, Creston, Iowa.

"The Place of the Dispensary in the Public Health Program of the Future," by Mr. John A. Lapp.

Ţuesday Evening, 8 P. M.

SECTION: HOSPITAL ADMINISTRATION. Chairman—Dr. R. B. Seem, superintendent, Albert Merritt Billings Hospital, Chicago.

Secretary—Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital, Cincinnati, Ohio.

SECTION: DISPENSARIES.

Chairman-Mr. John E. Ransom, Michael Reese Dispensary, Chicago.

Secretary—Mr. Clarence Ford, superintendent, Division of Medical Charities, State Board of Charities, Albany, N. Y.

Wednesday, October 6, 10 A. M.

"Community Funds for Capital Expenditures," by Mr. Pliny O. Clark, Superintendent, Presbyterian Hospital, Denver.

"Industrial Clinics in General Hospitals," by Dr. Wade Wright.

Wednesday, October 6,

2 P. M.

Trip on the St. Lawrence River. Entertainment by the local committee.

8 P. M.

SECTION: NURSING.

Chairman—Miss E. M. Lawler, superintendent of nurses, Johns Hopkins Hospital, Baltimore Md.

SECTION: HOSPITAL CONSTRUCTION.

Chairman—Dr. George O'Hanlon, Bellevue Hospital, New York.

Secretary-Mr. Oliver H. Bartine, New York.

Thursday, October 7,

10 A. M.

"Function of the Social Service Department in Its Relationship to Administration of Hospitals and Dispensaries," by Miss Ida M. Cannon, director, social service department, Massachusetts General Hospital, Boston.

"Organization and Standardization of Hospitals," by Dr. James C. Fyshe, Edmonton Hospital Board, Edmonton,

Report of Social Service Survey, by Mr. Michael M. Davis, Jr., chairman.

2 P. M.

SECTION: SOCIAL SERVICE.

Chairman—Miss Imogene Poole, director of social service, University Hospital, Ann Arbor, Mich.

Secretary—Miss Alice Rushbrooke, director of social service, Royal Victoria Hospital, Montreal.

ROUND TABLE.

In charge of Mr. Asa Bacon, Superintendent, Presbyterian Hospital, Chicago.

8 P. M.

ROUND TABLE (continued)

Friday, October 8,

10 A. M.

Joint Session, American Hospital Association, American Conference on Hospital Service.

Program to consists of summary of reports by

Dr. John M. Dodson, dean, Rush Medical College, Chicago.

Miss Mary C. Wheeler, superintendent, Illinois Training School for Nurses, Chicago.

Col. James T. Glennan, U. S. A., M. C., office of the surgeon general, Washington.

Miss Edna G. Henry, social service department, Robert W. Long Hospital, Indianapolis.

Rev. Charles B. Moulinier, S. J., president, Catholic Hospital Association, Milwaukee.

2 P. M.

Unfinished business. Election of officers.



Mediate Hospitals for the Middle Class

Pavilions and Less Pretentious Buildings Suggested as Way of Providing Facilities for Patients of Moderate Means

By Norman Bridge, M. D., A. M., LL. D., Emeritus Professor of Medicine, Rush Medical College, Chicago.

Our progress in the education of doctors and nurses during the last third of a century we know to be commendable. The public is better treated and nursed than ever before. But great reforms are often attended with some misfortunes and abuses. So here we have fallen into some harmful, even cruel lines. We have separated the people into two classes, the rich and the poor; or those first who can afford to pay \$25.00 a week for a hospital room, with \$35.00 a week or more for nursing, and corresponding doctors' fees for elaborate diagnosis and treatment; and second, those who cannot afford to pay such charges.

The breach is wide between these two groups and great harm is being done to a large company of excellent people, of self-respecting wage-earners and others of moderate means, whose wish is to pay all their just bills. They cannot afford the high charges, and they do not relish being deprived of hospital treatment except on the terms that they shall go to the public hospitals for paupers. It is true that occasionally one may find an endowed bed in a first-class hospital—but not over one in forty of those needed.

In many communities this situation amounts to a scandal that the medical profession ought to deal with. Nor should the profession alone deal with it, but all self-respecting lay people, especially those who have learned the privilege of giving money for the public good.

The problem involves three practical needs: First, cheaper hospital service. We must have more hospitals that are cheaply and safely built, cheaply and comfortably furnished, and sufficiently endowed so that a small room can in ordinary times be furnished for \$1.00 a day. There are several ways in which this can be brought about. A philanthropic organization could collect funds for such hospitals, and they could be built if they were not strictly fireproof, for one-half what permanent hospital accommodations usually cost. And it is not indispensable that in a one or two-story hospital the structure should be strictly fireproof. Remember that nearly all the patients who would inhabit such a building come from homes which are highly combustible, and the hospitals would be fitted with fire-fighting facilities, and especially with means for rapid removal of patients.

SUGGESTS "MEDIATE HOSPITALS"

Some existing standard hospitals are so situated that they could build a cheap pavilion on grounds adjacent to an existing structure, and detached from it, where the administration of the new part could be carried on with economy. Any existing hospital or any league or society that would start out with the unselfish purpose of creating such a hospital surely would find the public ready to

From commencement address at Rush Medical College, June 16. 1920.

help. A good name for such a novel institution would be "The Intermediate Hospital." A better name would be "The Mediate Hospital."

The next condition requisite is less expensive nursing. These patients can not afford over \$2.00 a day in ordinary times. Registered nurses cannot work for that. This fact, and the need for less expensive nurses, reveals to us one of the hardships that have grown out of our commendable profession of nursing. We have insisted on such severe conditions for admission to our better training schools, and on so long a course of instruction, that we have created a nursing system that is too costly. It is necessary to have nurses who can work for half the wages that a registered nurse gets. The best remedy is a new one, which is to have young women with some grammar school education, who can be drilled intensively for a few months on the simple, cardinal things that all nurses must do. Any bright girl can be taught in sixty days to take temperature, pulse and respiration accurately, to prepare and administer invalid diet, to administer drugs in numerous ways, to give baths and fomentations, and attend to the personal wants of the invalid and to keep accurate records of the patient, and of her own doings. For the average invalid these are the chief things required of a nurse. Of course, in critical cases a fully trained nurse would be necessary, also, in most surgical cases, but not all; and where two or three nurses were required, one trained nurse and two assistants under her direction would usually be all sufficient.

What these young women should be called is a matter of taste. "Cadets" or "nurses' assistants" would do.

DOES NOT DISPARAGE CALLING

This plan does not disparage the dignity or calling of the registered nurse. Her standing would rather be enhanced if she had among her other attainments the ability to manage and teach cadet nurses under her.

There is now a demand in many quarters for more nurses. This plan would provide more nurses; and the good offices of the present registered nurses, and a little more patience on the part of the doctors, would make it certain that nursing as a whole would not be lowered in standard, but rather improved, when we consider that many patients would have nurses with *some* training who now are nursed solely by inefficient lay friends.

As to the training schools for nurses, it is a serious question whether their curriculum should not be changed. For example, the students are taught from books the anatomy and physiology of the human body. Most of that could be left out without harm. With that omitted and more time given to laboratory work, in examinations of the secretions, excretions and tissues of the body, chemically and microscopically; and if the nurses were

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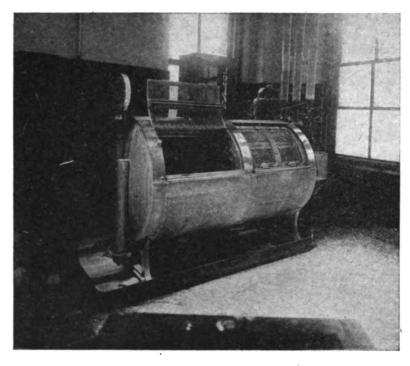


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Hospital Laundry Cuts Cost in Half

Carson C. Peck Directors Effect a Big Saving by Installing Equipment; Two Laundries in New York Hospital





(Editor's Note: This is the second of a series of articles describing equipment and methods of operation of hospital laundries. The series is based on a survey of a number of hospital laundries and on information from machinery manufacturers. Illustrations for this article were furnished by the Henrici Laundry Machinery Company.)

In the first article of this series information regarding the cost of laundry work at the New York Hospital, New York, was given, the records showing that for this 295-bed institution the cost per piece was a fraction over one and a third cents. New York Hospital averages 10,000 pieces daily.

The accompanying illustration shows part of the New York Hospital equipment. This hospital has a large and a small laundry, 3,492 square feet of space being devoted to the two departments. The equipment of the laundries is as follows:

LARGE LAUNDRY

- 2 Henrici Washers,
- 3 American overdriven extractors,
- 3 set tubs for washing special articles,
- 1 dry room,
- 1 flat iron worker,
- 4 steam presses,
- 1 small American flat work ironer,
- 1 soap tank,
- 1 starch kettle,
- 14 electric hand irons.

SMALL LAUNDRY

1 American washer,

- 1 American underdriven extractor
- 1 dry room.
- 1 soap tank,
- 8 electric hand irons,
- 1 collar and cuff machine,
- 3 set tubs.

Tables for the accommodation irons, etc., are also used in both laundries.

Each piece of equipment is operated by an individual motor

Sixteen women and four men comprise the staff of the laundries. In addition to working in the wash room, the men run the elevator in the building, bring the soiled clothing to the laundry and return the laundered clothing to the various departments of the hospital.

Dr. Thomas Howell, superintendent, asserts that the demands on the laundry are increasing out of proportion to the number of patients. Fifteen years ago, he says, the average number of pieces washed daily was 4,000 and now it is two and a half times that figure.

The New York Hospital laundries are in charge of a woman and the employes work from 7 a. m. to 5 p. m. Morning and afternoon lunches are served.

Indicative of the economy of hospital laundries, compared with outside agencies, is the experience of the Carson C. Peck Hospital, Brooklyn, with 100-bed capacity, which was opened in January, 1918. The directors believed that it would mean a saving to have the laundry work done outside and accordingly directed that this (Continued on page 76)

DIETARY DEPARTMENT

FOOD, ITS SELECTION, PREPARATION, SERVICE

A. D. A. Convention Program

A most practical program has been prepared for the third annual convention of the American Dietetic Association which will be held at the Hotel McAlpin, New York, October 25-27. A number of hospital dietitians are scheduled to read papers and the meeting, on the whole, will be of unusual interest to hospitals.

The tentative program, as prepared by Dr. Ruth Wheeler, Goucher College, Baltimore, first vice president of the Association, is as follows:

MONDAY, OCTOBER 25

Morning Session

Meeting of the executive committee.

Afternoon Session

Section on Administrative Work. Chairman, Miss Mabel C. Little, hospital dietitian, Norwalk, O.

General subject, "To What Extent Can Mechanical Equipment Replace Employes in Institutional Work?" Ten minute talks.

College Dormitory, Mrs. Elizabeth Grider, Cornell University.

College Dining Room, Miss Cora Colburn, University of Chicago.

General discussion on equipment.

Menu-Making-Its Economic Aspect-

Dormitory, Miss Elsie Leonard, University of Wisconsin.

Hospital, Miss Margaret Deaver, Mt. Sinai Hospital, Cleveland.

Cafeteria, Miss Emma Baker, Whittier Hall, Teachers' College.

Cafeteria, Miss Smith, War Risk Bureau Cafeteria, Washington.

Economical buying for the institution.

Evening Session

Address of welcome by the president, Miss Lulu Graves. Cornell University.

Address by Dr. Alonzo E. Taylor, University of Pennsylvania.

TUESDAY, OCTOBER 26

Morning Session

Marketing-Miss Susannah Usher, Boston.

Application of Business Principles to Organization of Institutions.

Training for Administrative Positions in a Cafeteria— Mr. Roland White, Colonnade Company, Cleveland.

Afternoon Session

Meeting of Social Service Section. Chairman, Miss Blanche M. Joseph, field dietitian, Emanuel Mandel Memorial Dispensary of Michael Reese Hospital, Chicago.

The Supervising Dietitian in State Institutions—Miss Theresa A. Clough, department of public welfare, Springfield, Ill. Social Service in Dietitics-Miss Fairfax M. Proudfit, University of Tennessee.

Child Health in Relation to Dietetics (lantern slides)—Mrs. Ira Couch Wood, Elizabeth McCormick Memorial Fund, Chicago.

Evening Session

Dietetics and Dentition—Dr. W. J. Gies, College of Physicians and Surgeons, Columbia University.

The Dietitian in Public Health Work—Dr. E. A. Peterson, director, department of health service, American Red Cross, Washington.

Dietetics and the War-Mrs. Mary DeGarmo Bryan.

WEDNESDAY, OCTOBER 27

Morning Session

Address by Dr. Katherine Bement Davis, General Secretary, Bureau of Social Hygiene, New York.

Address by Miss Emma Gunther, Teachers' College. Research in Dietetics, Miss Hilda Croll, Woman's Medical College, Philadelphia.

Business session.

Afternoon Session

Meeting of section on teaching. Chairman, Miss Katherine Fisher, Teachers' College.

Dietetics for Nurses-Miss Lenna F. Cooper, Battle Creek Sanitarium.

Methods of Teaching Dietetics—Miss Marion Peterson, Swedish Hospital, Minneapolis.

Review of the Literature on Dietetics—Dr. Ruth Wheeler, Goucher College, Baltimore.

Evening Session

Address by Miss Sarah Louise Arnold, dean, Simmons College, Boston.

Some Dietetic Problems of Infancy and Childhood— Dr. Roger Dennett, assistant professor in the diseases of children, Post Graduate Hospital, New York.

THURSDAY, OCTOBER 28

(At Teachers' College)

Economical Aspects of Buying Meats-Mr. John H. Kelley, buyer, Arthur Dorr Markets, Boston.

What Dietitians Are Doing

Miss Norma Spangler, formerly of Henrotin Hospital and student dietitian at Michael Reese Hospital, now is assistant field dietitian at the Emanuel Mandel Memorial Dispensary of Michael Reese Hospital, Chicago.

Miss Mabel C. Little, Columbia University, has been giving lectures on administrative work for dietitians during the summer course at the University of Chicago.

Miss Pollack, formerly at the St. Louis City Hospital, has accepted a position as executive dietitian at the Western Pennsylvania Hospital, Pittsburgh.

Miss Fairfax T. Proufit, nutritional worker at the University of Tennessee, is at Lake Winnepesaukee, N. H., for a three months' vacation.

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Dietary Organization

By Bertha M. Hyde, Dictitian, Cincinnati General Hospital, Cincinnati, O.

Ideally a general hospital should have a head dietitian with assistants in charge of the diet kitchen, the nurses' home kitchen, and the contagious hospital kitchen, if there were one. There should be a well paid responsible chef, with salary according to the union scale. This man should be capable of managing the work of the main kitchen; including intelligent management of employes, economical use of supplies, and a working knowledge of menu-making.

The dietitian should plan all menus and order all supplies. She should give as much attention as possible to the patient's diets; being careful that the meals are well planned as to balance, attractiveness and food value. She should be on the wards to see that the meals are served to the best advantage; and served hot.

She should watch the preparation of special diets in the central diet kitchens, that the orders are carefully filled. Together with her assistant in the diet kitchen she should visit all patients receiving special diets, to ascertain the condition of the patient, his individual tastes for food, any limitations or restrictions in the kinds of foods to be served him. If possible she should consult the staff or intern concerning the patients' needs.

I believe that the dietitian should be the ultimate authority in all questions of food service in the hospital. Her chef should be the immediate authority in the main kitchen; while her assistants are directly in charge of the smaller kitchens. She should keep in close touch with all phases of her work in both preparation and service of food, be alert to meet any complaints; and always ready with new ideas, in order that there may be variety in menus, intelligence in diet preparation, and the greatest satisfaction throughout.

By Gladys M. Collins, Dietitian, Halstead Hospital, Halstead, Kans.

From my experience with dietary departments I have found women cooks superior to men, being more dependable, more careful, more economical and more congenial, which is a very important item. First of all the cooks should be hired with the understanding that he or she is to work under direction of the dietitian. The great trouble in many hospitals is poor service from cooks. I think this could be eliminated to a great extent if they were compelled to work out methods given them by their supervisors. Most of them know nothing about scientific cookery and are unwilling to be taught, particularly men.

All labor saving devices possible should be used, as they eliminate the need for so much kitchen help, thereby lessening the cost for labor and avoiding unnecessary confusion, and so making a better organized department.

More attention should be paid to the waste end in most hospital kitchens. The dietitian should give all the supervision possible to this, and it will net a paying result. She should spend more time than she generally does with the kitchen employes. This is the best means of preventing friction in this department.

Watchfulness Reduces Bills

Kansas City General Hospital Effects Big Saving on Meats Through Careful Checking and Storage

Hugh Miller, business manager of the Kansas City, Mo., General Hospital, has succeeded in making a splendid showing in reducing the expenditures for meats by means of a storage and checking system which he devised.

A storekeeper weighs or counts everything that is received, and checks it against the seller's invoices. A considerable number of mistakes is constantly discovered, both in quality and quantity. Deductions are made for these.

An idea of the reduction of expense for meats is given by the fact that when Mr. Miller took his position last November, the consumption was as great as 620 pounds a day. By July 1 the quantity had been reduced to 280 pounds and at present 170 pounds a day is the average consumption. The number of people fed in the hospital is from 325 to 450, of whom 180 are patients.

Mr. Miller also found that it was possible greatly to increase the efficiency of the kitchen force while cutting down the number of workers. Instead of having \$40 a month helpers, the employes in that department are now getting \$60 a month, but there are fewer of them.

An important change for the better is that kitchen workers are now required to submit to physical examinations on employment, and are periodically re-examined, this being done by the staff. A number have been dropped owing to physical defects.

Mr. Miller goes to market daily with a small truck, and personally selects the fresh vegetables, meats and other foods of a perishable character. He is now asking for a \$1,000 fund to be used in making cash purchases from small dealers, farmers, etc., who are not in a position to wait for the city to pay them after the usual routine.

"I have found that there are two things that are on every hospital menu and are served so frequently that patients dislike them," Mr. Miller said. "One is prunes and the other macaroni. I have no objection to either, but have arranged to have them served less frequently, as I know that most patients develop a dislike for them because of seeing them on the tray so often."

The food department at Kansas City General will be reorganized shortly, with the appointment of an experienced dietitian who will have complete charge of the purchase of food, its preparation and service, and the training of nurses in dietetics.

Food Advances 26 Per Cent

The cost of food at the Post Graduate Hospital, New York, has advanced 26 per cent since January 1, 1920, according to a recent announcement by the institution. For January the average cost per meal was 22.20 cents, while in June the 76,775 meals served averaged 28.01 cents. The food, with cooking and service omitted, cost 84 cents per person per day last month.

"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round



HARRY J. MOSS, M. D., Superintendent, Brownsville and East New York Hospital, Brooklyn

Dr. Moss, who is one of the best known hospital executives in the United States, has resigned as superintendent of Hebrew Hospital, Baltimore, effective September 1, and on September 15 will take charge of the New Brownsville and East New York Hospital, Brooklyn, whose building is just being completed after three years of construction.

Dr. Moss for several years has taken a prominent role in activities of the American Hospital Association and at present is chairman of the audit committee. He also was the organizer and first president of the Maryland Hospital Conference and is a member of the editorial board of Hospital Management.

The Brownsville and East New York Hospital, which is the only institution serving a community of 400,000 is non-sectarian, but will be supported by the Jewish community of that section of East Brooklyn. Its superintendency offers Dr. Moss a splendid opportunity to further his ideas that a hospital should be a health center and spread health education as well as care for the sick and injured. The directors of the institution impressed Dr. Moss with their desire to have Brownsville Hospital conducted along the lines of a health center and this was a big factor in influencing Dr. Moss to leave Baltimore, where for four years he has done remarkable work. Aside from purely hospital activities, Dr. Moss was vice president of the Jewish Health Bureau and a leader in the Baltimore health campaign last year that was so successful.

Dr. William L. Gist, who recently was appointed medical superintendent of Kansas City General Hospital, Kansas City, Mo., was in the Kansas City health department for six years. He went to the Mexican border in 1916 as a member of the Medical Corps, and in June, 1917, got into the big war, going overseas as a major. He was in command of the sanitary train of the Thirty-fifth Division. He was overseas for thirteen months. Dr. Gist is a graduate of the University Medical College of Kansas City, 1906.

Walter Morritt, Ph.D., former superintendent of Bethel Hospital, Colorado Springs, Col., who went to Italy for Y. M. C. A. work, is in America on a vacation and may be communicated with at 74 Carmelita street, San Francisco. Dr. Morritt holds a full professorship in English and English literature at the University of Turin and plans to return to Italy in October.

Dr. John D. Spelman, of Cincinnati, has been named assistant superintendent of Mt. Sinai Hospital, Cleveland, of which Frank E. Chapman is superintendent. Dr. Spelman, who was a lieutenant-colonel during the war, recently finished a course in hospital administration under Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital.

·Dr. Stephen A. Douglass, superintendent and medical director of the Ohio Tuberculosis Sanatorium, Mt. Vernon, has resigned, effective September 1.

Dr. John M. Lawler has resigned as superintendent of Alleghany General Hospital, Pittsburgh, a position he has held since 1908.

Dr. Thomas H. A. Stiles, superintendent of the state tuberculosis sanatorium at Hamburg, Pa., has tendered his resignation.

Dr. Porter E. Williams has been reappointed superintendent of Missouri State Hospital No. 2 at St. Joseph.

Dr. Clarence E. Cobb, Bath, has been appointed superintendent of the Steuben County Tuberculosis Hospital, succeeding Dr. Elliott I. Dorn who resigned April 1 to take charge of the Chautauqua County Tuberculosis Hospital.

Miss Myrna Boyd Williams, R. N., who recently resigned as superintendent of the Cheyenne, Wyo., Private Hospital and as president of the Wyoming State Nurses' Association, has become superintendent of the Griffin, Ga., Hospital and is superintending plans for increasing the capacity of the institution from fifty to seventy-five beds. Miss Williams has held executive positions in hospitals in Colorado and Wyoming since 1917 when she completed a post graduate course at the Elizabeth Steel Magee Hospital, Pittsburgh.

Mr. John M. Smith, superintendent of Muhlenberg Hospital, Plainfield, N. J., and secretary of the New Jersey Hospital Association, has presented his resignation in both these capacities in order to accept the superintendency of Hahnemann Hospital, Philadelphia. Mr. Smith will assume his new duties September 1.

Miss Martha Friese, former superintendent of Everett hospital, has accepted a position at the head of the Anacortes, Wash., Hospital.

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THE HOSPITAL ROUND TABLE

Refrigeration Economy

The high cost of food, materials, labor and, in fact, practically everything required by a hospital has made it profitable for executives to investigate every possible source of leakage with a view of devising methods to eliminate waste. The economical maintenance of the refrigerator has come in for particular attention by one superintendent at this time of the year. Improper circulation of air in a refrigerator is one of the greatest sources of deterioration of its contents as it permits the food to become moist or wet. Excess moisture develops molds on the surface of foods and the walls of the refrigerator which rapidly spread throughout the compartment. Gold dry air, properly circulating, means the greatest efficiency for the refrigerator and under these conditions products may be kept for practically an indefinite period. Here is the formula, divested of technicalities, by which this superintendent says best results may be obtained:

Refrigeration plus Circulation plus Elimination (gases and moisture) equals Preservation.

Using Mechanical Devices

A superintendent of a leading hospital in the central West recently called attention to the large number of mechanical devices in his institution and expressed the opinion that every hospital should avail itself of every machine possible, provided, of course, its efficiency had been tested. "The saving in time and labor is a big item," he explained, "but there is even a greater advantage, the thoroughness with which the work is done. What I have in mind in particular is the various types of dish washing machines on the market. Our own machine has given perfect satisfaction in every way and recently my attention was called to a report of a survey of the influenza rate among an institutional population of 252,184, that emphasizes even more the value of mechanical dish washers. According to this survey, which was made by Surgeon James G. Cummings of the U. S. Army, the influenza rate for groups eating from machine washed dishes was 108 per 1,000, while the influenza cases among those eating from handwashed dishes was 324 per 1,000. Which shows that the mechanical washer not only is a good investment from a time and labor saving standpoint, but also is the best protection against the spread of infection."

Partitioning the Wards

The disadvantages of the ward are impressed on the superintendent or department heads most forcibly when the "fresh air fiends" among the patients insist upon opening windows, although by granting their request serious results may follow to other persons. One superintendent has solved this problem to the satisfaction of everybody concerned by installing a glass partition near one end of a ward. This has a door in the center, large enough to permit a bed to be moved through, and space is provided for six beds. The "fresh air fiends" are moved into this section where all the windows are opened. In the winter time the door is shut, thereby protecting those in the other

part of the ward from the cold. In the summer time the door is left open and the effect on the rest of the ward is the same as if one window at the end had been left open. So pleased is this superintendent with his partition that he contemplates installing a number of others.

Recreation for Nurses

The problem of obtaining and holding pupil nurses is of such gravity that any methods by which training schools are made more attractive are worthy of more than passing consideration. A small hospital in an Illinois city recently improved the morale of its corps of students at small cost and its experience is recounted in the hope it may be of assistance to other institutions.

This hospital has a fair sized lawn at the sides and front of the building, but until a comparatively short time ago this lawn meant nothing to nurses or patients except as a carpet of green in the midst of the surrounding residences, stores and apartments. Some of the newer pupil nurses conceived the idea of converting one end of the lawn into a turf tennis court and were so enthusiastic that the superintendent consented to install the wire netting, the posts and net.

Soon after the first few matches the older pupils became interested and a little tournament was planned. Convalescent patients who previously had nothing with which to while away the long hours were wheeled to a sun porch overlooking the court and quickly developed interest in the matches.

Members of the staff also found time to watch the contests and participate occasionally. In short, the court soon developed of a new spirit in the institutional family as the various members came into contact with one another in the hours of relaxation.

Buying Cheaper Soap

There is a tendency among certain hospital executives to try lower priced materials and supplies when the kind usually purchased have advanced in cost beyond what they are willing to pay. In many instances this change in grade or brand can be made without ill effects, but in other cases the old motto, "the best is the cheapest", has been found only too true.

Superintendents and other buyers should carefully consider changing soap because increased price of the brand they have been using. Soap manufacturers, because of the increasing price of ingredients, in some cases have "loaded" their product with fullers' earth, talcum, clay, or other material to reduce costs, and this practice, particularly as regards toilet soaps, has resulted in the marketing of a soap injurious to the skin. The best soaps are made from high grade vegetable oils, so compounded with the alkali as to be natural and pure, which means they may be used without injury. The safest course for the hospital buyer to follow is to purchase only the highest grade which on account of the price and the guarantee of the makers may be considered as containing pure, properly compounded ingredients.

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Our Platform

- 1. Better service for patients.
- 2. Hospital facilities for every citizen.
- 3. Adequate training for hospital executives and staffs.
- 4. Education of the public to its responsibility and duty toward hospitals.

Organization of the Food Department

A study of the food departments of typical hospitals indicates that as yet institutions have developed no plan of a standardized organization.

In a good many hospitals, especially the larger ones, there is a steward who does the buying, and a chef who is in immediate charge of the preparation of food. If there is a dietitian, she concerns herself with the preparation of special diets only, and with the training of the student nurses in dietetics.

In other institutions the authority and control are divided "fifty-fifty" between a steward or chef and the dietitian. Two separate kitchens, with separate sources of supply, separate staffs of help and serving separate groups of patients or employes may be operated by these two executives, each monarch of all he surveys.

In a comparatively small number of cases, the dietitian is in complete charge of the food department. She does the buying or co-operates in it with the superintendent. She employs the help for the kitchen, handles the prepa-

ration and service of the food for everybody in the hospital, including patients, nurses and employes, and assumes full responsibility for results.

Without attempting to debate the advisability of having a trained food specialist in charge of this department, the point should certainly be made that division of authority is dangerous.

One head for the food department, as well as one head for the hospital as a whole, is the proper policy. Concentrate your authority, and you will concentrate your troubles. Get the right person to head the food department, and hold that person accountable for results.

The old plan of scattering responsibility and authority here and there, and having half a dozen people concerned about the management of the dietary of the hospital leads to confusion, and invites mediocre results.

Homes for Incurables

The Connecticut Hospital Association whose first annual convention was reported in July Hospital Management is interesting its members in a movement that may be followed with profit by other hospital organizations. The project in question is the establishment of a home for the care of incurables.

That there is a scarcity of institutions for incurable cases is generally known, but no one who has not had the experience of trying to locate such a home can know just how great the scarcity is. Wonderful strides have been made in increasing and improving facilities for the treatment of other types of patients, but the incurables have been sadly neglected.

By providing facilities for the treatment of this type of patients hospitals will be assisting themselves in many ways. At present there are thousands of incurables whose financial position enables them to keep one or more nurses for their exclusive service in spite of the fact that hardly a hospital in the country has its full nursing personnel. Homes for incurables will materially decrease the number of nurses now required for the care of individuals and they also will increase the number of hospital beds needed for other patients by affording facilities for the many incurables now occupying beds because they have no other means of receiving proper treatment. These homes also may prove a boon to that class of incurables whose circumstances forbid the expense of a room in a general hospital or a private nurse.

The Connecticut Association, therefore, in taking up this problem is setting a shining example to other associations. The field is a vast one and there is plenty of work to be done.

Practical

Innovations

A hospital convention, as Hospital Management frequently points out, is a training school for executives and is intended to promote improved service through the dissemination of information of better methods of administration and through general discussions of problems. This idea guides the program maker in a majority of instances, but even the best convention, crowding as it does a dozen or more important papers in four or five sessions, invariably fails to achieve the desired end. The failure, of course, isn't due to lack of ability on the part of those who prepare the papers or in inefficient management of the

Hospital Convention Calendar

Mississippi Valley Conference on Tuberculosis, Duluth, September 2, 3, 4.

Mississippi Valley Sanatorium Association, Duluth, September 3.

Minnesota Hospital Association, Duluth, September, 1920.

National Society for the Promotion of Occupational Therapy, Philadelphia, September 13-15, 1920.

Wisconsin Hospital Association, Milwaukee, September 16-17.

American Hospital Association, Montreal, October 4-8, 1920.

Saskatchewan Hospital Association, Saskatoon, October, 1920.

American Conference on Hospital Service, Montreal, October 4, 1920.

American College of Surgeons, Montreal, October 11-15, 1920.

American Dietetic Association, New York City, October 25-27, 1920.

Michigan Hospital Association, Grand Rapids,

December 7-8, 1920. American Sanatorium Association, Rochester,

N. Y., December, 1920. National Methodist Hospitals and Homes Asso-

ciation, Chicago, February 15-16, 1921. Ohio Hospital Association, Toledo, May, 1921.

Oklahoma State Hospital Association, Mc-Alester, May, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

convention, but simply because it is impossible to discuss in a satisfactory manner any one of the big topics in the time assigned to it.

Unfortunately, again, very few programs are followed as they have been mapped out. Unavoidable absence of speakers and unforeseen delays often alter the original schedule until it can hardly be recognized and consequently that particular convention loses a great deal of its value.

The October meeting of the American Hospital Association at Montreal, the tentative program for which is published elsewhere, in this issue, gives promise of realizing more closely the ideals of a hospital convention than any previous gathering. The exhibits of a model venereal disease clinic, a dispensary, a social service department and other phases of hospital service are most practical innovations and undoubtedly will result in great benefit to all who avail themselves of the opportunity to learn from the authorities in each field the best methods of procedure. The officers of the American Hospital Association are to be congratulated on their wisdom in planning these exhibits which incidentally will attract many visitors who otherwise might not have considered the trip worth while.

HOSPITAL MANAGEMENT ventures to predict that the exhibit section will be one of the most popular features of the convention and that it will assume growing importance at future sessions and gradually increase its scope until it will represent every phase of hospital activity.

Physical Examinations for Kitchen Workers

The idea of physical examinations for employes is comparatively new.

The advent of workmen's compensation brought it into industrial life. Now it is spreading into other directions as well, as the mutual benefits of determining physical condition and fitness, defects and handicaps, if any, are becoming more generally understood.

Most training schools for nurses have their applicants undergo a careful physical examination in order that it may be ascertained whether the candidate for admission is prepared to tackle the fairly exacting job of nursing sick people.

A few hospitals are now having their kitchen workers examined. This is a method that should be generally adopted. The class of workers from whom these employes is drawn is of a character as to suggest the importance of this procedure. The handling of food used by sick people and well, and the intimate relationship into which the kitchen employe thus comes with everybody in the hospital, suggests that the most extended precautions are not too severe.

The head of the food department of a large general hospital reported recently some rather astonishing results from an examination of the employes, following decision to introduce this plan. A number were found to have venereal diseases, and still others had communicable diseases of other kinds. The examinations brought out facts that made it necessary completely to reorganize this department of the hospital, and to introduce new and physically fit workers.

The plan of physical examinations for all employes is a good one, but emphatically kitchen workers in particular should come under such a system.

Food and the Hospital

Since an average of more than 50 per cent of a hospital's expenditures is for food and since the proper selection and perparation of food has a vital bearing on the condition of a patient, it is strange that hospitals have been so backward in the development of their dietary departments. Until recently a dietitian had little or nothing to do with the food of patients other than those on a restricted diet and the menu for the general run of the hospital was made up with more of an eye toward economy than to the health value of the different items.

Now, however, the dietitian is being recognized at her true worth and her advice and suggestion is being sought not only for certain classes of patients, but for the entire personnel of the hospital. This recognition and the eagerness with which hospital superintendents are broadening the authority of dietitians is a further indication of the constant progress of the hospitals.

The mere employment of a dietitian, however, does not fulfill a hospital's duty to patients in the matter of food selection and preparation. After a dietitian has proved her worth the dietary department should be turned proved her worth the dietary department should be emphasized to the staff and its cooperation sought and encouraged on every occasion.

INDUSTRIAL DEPARTMENT

HOSPITALS—DISPENSARIES—HEALTH SERVICE

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Varying Systems in Plant Hospitals

Industrial Dispensaries Unable to Use Uniform Methods Because Of Different Conditions; New Equipment Promotes Efficiency

LeBlond Machine Tool Company, Cincinnati, O. By Sanford DeHart, Director of Hospital, the R. K.

Occasionally we read in the magazines an article describing the advisability of standardization of industrial hospital equipment.

Personally, I do not think standardization of industrial equipment either possible or desirable. It has been my privilege in the past fourteen years to equip, organize and operate five different hospitals for industrial plants.

The medical and surgical requirements, together with the element of hazard in the factories differed so materially that standardization was not considered practicable. Many items enter into the standardization feature of industrial hospitals. The first and fundamental item is the matter of cost, also the character of the industry must be taken into consideration.

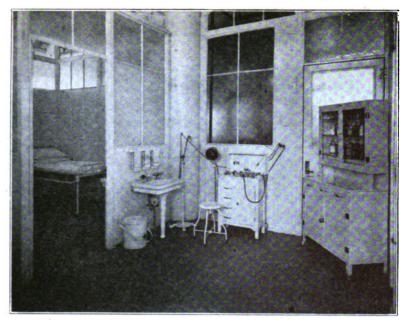
The individual needs of the plant must be studied if the hospital is to be a success. The requirements of an industrial hospital for a machine shop would be quite different from those of a rubber factory, or a dye factory. Recently I made a survey among twenty-five plants to ascertain the accident frequency rate, lost time due to accidents, etc. The purpose of the survey, as I outlined in my letter to the different plants, was to form the nucleus for an intensive accident reduction plan.

Among the letters sent out were two to plants engaged in the same kind of work. Practically the same number of men were employed in each plant. The hospital and safety work were organized along the same lines. In fact, the two plants were as nearly standardized as it is possible in this world to standardize any two plants, and yet the survey showed the absenteeism in the one plant due to accidents incurred in the shop, to be 375 per cent greater than the other.

The best results are not obtainable by standardization of equipment or treatment. We hear many complaints from returning soldiers with reference to the extensive use of iodine in army hospitals. Many of the stories are undoubtedly exaggerated. There is, however, an ele-

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EQUIPMENT OF A THROAT AND NOSE TREATMENT ROOM IN AN INDUSTRIAL HOSPITAL.

ment of dissatisfaction prevalent at the indiscriminate use of iodine. Those of us who are engaged in hospital work know the value of iodine in surgical work. The repugnance which men entertain against iodine as the initial treatment of surgical wounds could be easily overcome; but when they construe all dark colored solutions to be iodine and throw up their hands deprecatingly and say "What, iodine again?" it becomes a problem worthy of serious consideration, so far as the efficiency of the industrial hospitals concerned.

We have had men come into the hospital with foreign particles in their eyes and who have admonished us not to put iodine in their eyes, meaning of course the proteid preparations of silver.

OBJECTION TO IODINE

Not long ago a young man came into the hospital with a very badly congested eye. We found that a piece of steel had been in his eye for two or three days. An unsuccessful attempt had been made by a fellow employe to remove the piece. We asked him why he did not report to the hospital immediately after he felt the piece enter in his eye. He replied, "A fellow told me out in the factory that you would put iodine in my eye if I came in here." To overcome this ill feeling toward iodine, it has been decided to substitute mercuchrome 220, as an initial treatment for surgical conditions. A solution is being used of adrenalin, zinc sulphocarbolate, boric acid, in the eye as a substitute for the silver proteids. So far, the results obtained have been very satisfactory.

Another psychological side of man with reference to illness and its treatment is his desire to have something done for him that is tangible, something he can see and feel. Routine treatment so far as medical conditions are concerned in industry become very monotonous for the patient and he often acquires a familiarity with the methods and modes of treatment that is almost unbelievable.

He has a deep seated notion that you have a pill for every illness and a well defined idea that you have but one pill for all ills. He is not strong for standardized treatment. The average man in industry does not want to wait on any such slow process as results from internal medication. He either wants immediate relief or he goes home. Since much of the efficiency of the industrial hospital is based on its ability to keep the man on the job, different methods are tried out with varying degrees of success.

With the above facts in mind, we are substituting when advisable the different mechanical devices. We have a nebulizer, high frequency and cupping unit combined in one cabinet. While we realize there is an element of suggestion in the use of these appliances it is truly remarkable the psychological effect they exert over the average person.

The recognized concentration of electric heat rays by properly constructed lamps is another apparatus that is apparently doing all that could be expected of it.

During the pandemic of influenza we found the nebulizer had a distinct advantage over the old method of routine treatment. The best index of the success of the popularity of this, or any form of treatment is the increased attendance. In a measure the popularity of any new appliance in an industrial hospital may be accounted for by its newness, but this was not true in this particular instance, as the following will serve to illustrate.

The use of the nebulizer in the incipient cases of nose and throat inflammation due to "colds" or irritations incident upon a man's work has been, we feel, a distinct advantage in many ways.

During the pandemic of influenza in 1919-20, our men were urged to come to the hospital at once when any deviation from normal conditions appeared in the throat or nose. Nights and mornings some member of the hospital staff would visit the wash and locker rooms, which are conveniently near the hospital, a photograph of which we reproduce herewith, and ask each one of the man if they had noticed any abnormal condition. If they told us they were not feeling well they were asked to come to the hospital. By this prompt and repeated

treatment we believe we succeeded in removing a possible fertile field for the development of influenza among our employes.

Feeling that the end did not justify the means and because of the danger always present of severe anphalaxis in the administration of serums and vaccines the immunization of our employes was not resorted to in this manner.

We feel that McCoy's statistics bear us out in this stand.

With reference to the treatment of these conditions we were very fortunate in having as a member of our hospital staff Dr. M. B. Brady, associate professor, clinical medicine, and visiting staff, contagious group Cincinnati general hospital. Dr. Brady was observing these cases every day at the general hospital in large numbers, and this company was benefiting immensely as a result. Long after the epidemic had subsided the men would come in and ask us to spray their throats and noses. Frequently the family physician would tell the men to visit our hospital and have their noses and throats sprayed.

During the influenzal period we were treating on an average of 130 patients a day or about 10 per cent of our working force without increasing the personnel of the hospital.

There was no attempt made to persuade a man to work when he showed the slightest elevation of temperature, in view of the fact that such an individual was looked upon as a possible focus of infection to his fellow workmen.

Notwithstanding the number of patients treated and the severity of the epidemic we were able to hold our absentees down to nine per cent of our total working force, while some concerns which were not equipped with a hospital had as many as 33 per cent absent and one concern reported an absentee rate of 50 per cent.

In this connection I should like to mention a few de-

tails with reference to the methods pursued in reducing absenteeism which were formulated during the epidemic.

During one of the foremen's meetings I suggested that the foremen furnish the hospital department with a report of the absentees each morning in their respective departments. The foremen were appealed to for the reason that they are the hospital's principal asset. In the hospital the results accomplished would be meager were it not for their co-operation.

If I were writing a book on the subject of industrial hospital management I should lay particular stress on the importance of enlisting the foreman's co-operation. This is one angle of industrial hospitals that might possibly lend itself to standardization.

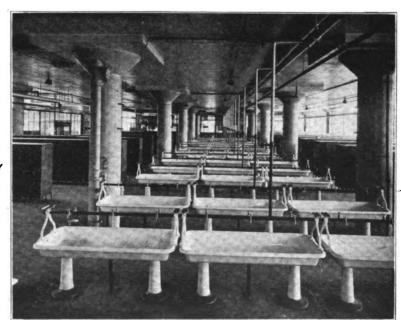
When the hospital receives a report from the foreman, we immediately proceed to get in touch by telephone or otherwise, with the absentee's home. This method enables us to ascertain whether the man is absent on account of illness, or what is more important, from some injury he might have sustained in line of duty. This follow-up work is so arranged that it does not conflict with our social service department, nor does it in any way duplicate their work.

The interest we have manifested in our men when they are absent has established a cordial relation between the family and our hospital, with the result that often some mother or wife will ask that we keep some member of their family, who is in our employ, under observation for some condition that might not have been brought to our attention, had it not reached us through this channel. Thus many an incipient condition is prevented from becoming serious.

The following up of absentees by telephone, has much to commend it to the small plant, particularly where there is no organized welfare or social department.

I know of factories, however, where this system would not be practicable, and so standardization gets its usual rude bump.

THESE WASH AND
LOCKER ROOMS OF
THE LE BLOND COMPANY
ARE VISITED TWICE DAILY
BY A MEMBER OF THE
HOSPITAL STAFF DURING
THE WASH-UP PERIOD.



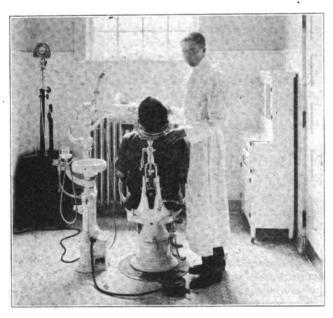


Medical Service of General Electric Co.

Modern Hospital Equipment, Including X-Ray, and Dental Clinic, Features of Schenectady Works Dispensary

Statistics prove that one million employes meet with accidents each year in the industries of the United States. The consequent loss of time is enormous and the handicap to production is so great that many of the larger corporations are working out systems to safeguard their workers and to prevent the service of a valuable man from being at a standstill. The General Electric Company is among those which have adopted every available means to minimize the detrimental effects of accidents and illness.

At its several great plants, employing more than 70,000 persons, the first step when a man or woman is to be hired by the company, is a thorough medical examination to which no one objects when its three purposes are explained. The first is that the progress of an unsuspected disease may be arrested; the second, that a susceptible condition may be pointed out; and the third, that the health of one's associates may be protected. Rejections are largely due to defective eyesight and hernia. All employes when absent for a short time take a new examination upon their return.



THE NEW DENTAL CLINIC.

A visitor to the main works of the General Electric Company in Schenectady is surprised at the immensity of the plant. Located half a mile from the principal street, there are one hundred large buildings and fifty smaller ones, extending in two long lines down the Works Avenue. These house a force of 22,000 men and women.

The emergency hospital is in Building 45 of this thriving industrial city. Prior to 1906, when it was made a permanent G. E. institution; each shop was equipped with supplies for first aid and a certain number of men were instructed by a physician and detailed to look after the injured. The growth of the plant required other facilities, and the hospital was organized on a small scale in a section of Shop 10. It was soon moved to Building 45, and six years later there was built an addition representing the last word in design and equipment.

The hospital staff consists of a chief steward, four assistant stewards, and a hospital clerk, all under the supervision of one of Schenectady's leading surgeons, one of whose principal assistants is on duty each week-day morning. The hospital is open from Monday morning until Saturday night. All service is free. The importance of medical care for even the slightest hurt is impressed upon each workman, who is told how necessary treatment is, not only to avert the danger of blood-poisoning, but to prevent stiffness and possible deformity of fingers, hands and limbs.

The system of recording and following up cases is as simple as it is efficient. When an injured man arrives at the hospital, he gives his name, address and other personal information to the clerk, who adds a brief description of the accident. This record is later transferred to a cardindex which gives every detail. A card printed in three languages—English, Polish and Italian, is given the employe, on which is indicated the time when he should appear for subsequent treatments.

Eighty per cent of the cases are cuts, burns and bruises. In the event of serious injury the sufferer is hurried by special ambulance to the city hospital. Eye-cases are taken in charge by specialists.

There are many windows in the emergency hospital and an overhead lighting arrangement similar to that of a photographer's studio. Walls and ceilings are white and sanitary, and the furnishings are largely of glass and enamel. The equipment includes an operating table, bandage, sterilizer, apparatus for distilling and sterilizing water, several white enamel sinks, glass containers filled with neatly made bandages, and in brief, every modern appliance in the way of utensils and instruments.

APPLIED WITH ATOMIZER

Out of the war has grown the use of ambrine for electrical burns. Although only 3 per cent of the injuries in the G. E. works are due to such burns, this preparation is considered to be of great value. It has marvelous healing properties, leaves the scar tissue soft and pliable, reduces pain to a minimum, shortens the period of convalescence one-third to one-half, and re-dressing is easy, rapid and painless. The first coat of ambrine is often applied with an atomizer, as even the softest camel's hair brush may cause pain.

The hospital keeps pace with every up-to-date installation. A dark-room in which to develop X-ray plates is now being made ready.

In August, 1919, a dental clinic was established, in which, up to the present time, advice and minor treatments have been given in 1,450 cases. Several hundred X-Ray photographs have been made to ascertain if there are blind abscesses or growths from decayed roots of teeth whose poison may seep into the circulatory system, causing such diseases as rheumatism, heart affections, stomach ulcers, tonsilitis, and eye and ear troubles.

Surgical treatments only are given in the emergency hospital. When a case of actual sickness develops, the patient is sent home by automobile.

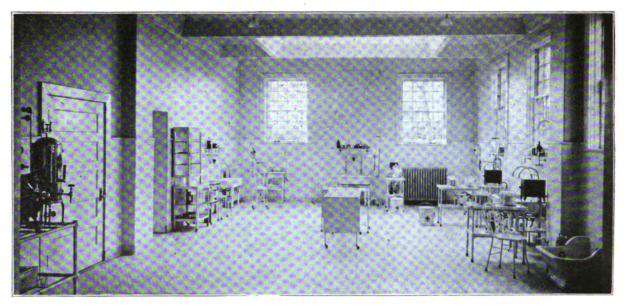




quarts of jelly as against one pint of the regular small size.

THE GENESEE PURE FOOD COMPANY
Le Roy, N. Y., and Bridgeburg, Ont.





OPERATING ROOM, SCHENECTADY WORKS, GENERAL ELECTRIC COMPANY.

The health of the female employes of the Schenectady plant is looked after by a woman physician, among whose duties is to superintend the examinations of newly employed girls and women. In these, she is assisted by a nurse who records every detail while the examination is in progress. Many diseases are thus arrested in their incipiency, because the trouble is pointed out in time to effect a cure. The physician answers sick-calls from all parts of the plant.

She is now enlisting the cooperation of every girl in both factories and offices in the work of education in personal hygiene. Her noon hours are devoted to a series of health talks. With the aid of stereopticon slides furnished by the State Board of Health, she drives home the vital facts of sex hygiene, venereal disease, oral hygiene, and many other subjects.

COMPANY HAS 36 REST ROOMS

Personality counts as well as skill in the men and women employed by the General Electric Company to look after the physical welfare of the employes. They are required to be cheerful, courteous and accommodating, so that no one may feel the slightest hesitancy in approaching them for advice and aid.

The company has provided thirty-six rest rooms for its women employes. Twenty-two of these are secondary rest rooms, seven are in charge of matrons, four in charge of doctors, and one is in charge of a nurse. These rooms contain a number of easy chairs and comfortable couches and their atmosphere of coziness is inviting to the girl who is tired or ill. Simple remedies are given upon request.

Each of the important plants of the General Electric Company has a medical system which embodies, more or less, the features of the Schenectady Works.

Nurses' Home for Clark Hospital

Clark Hospital, operated by the Clark Equipment Company, Buchanan, Mich., recently opened its new home for nurses. The home has accommodations for seven nurses and quarters in the rear for the cook and houseman. Since the building was opened, the rooms formerly occupied by nurses at the hospital have been converted into private rooms. The hospital now has a capacity of sixteen beds.

Industrial Nursing Section Formed

The National Organization for Public Health Nursing, 156 Fifth Avenue, New York, is making a campaign for membership in its Industrial Nursing section which was formed at the recent convention of the N. O. P. H. N. at Atlanta. Florence Swift Wright is chairman of this section, membership in which is open to industrial nurses, employers and persons interested in industrial nursing or industry.

Rest Room For Employes

Buckley, Dement & Co., Chicago, a direct advertising company, have installed a rest room in their new building at 1300 Jackson boulevard, which recently was completed. A matron is on duty to care for girl employes. A cafeteria is another feature of the building. The company has 300 employes.

Loss of Time Due to Sickness

The workers of the country lose 270,000,000 working days every year on account of disability due to sickness, according to an estimate of the United States Public Health officials. This is equivalent to 90,000,000 years a century.

Tooth Brushes For Workers

The health and safety department of the Fisk Rubber Company, Chicopee Falls, Mass., recently introduced the sale of tooth brushes and tooth paste to employes at cost to encourage proper care of the teeth.

Industrial Hospital For Chinese

The Chinese Six Companies of San Francisco have applied to the board of supervisors for permission to establish a hospital for their employes.

Establishes Industrial Hospital

The Williamson Heater Company of Cincinnati recently established a plant hospital with Dr. H. H. Schulze in charge.

Installs Dental Department

The Worthington Pump Company, Cincinnati, has installed a dental department in connection with its medical work. Dr. M. C. Schuman is the director of the new department.

Digitized by

NOTICE

SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW 10 MIL. (C. C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the asceptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

The largest producers of Stock and Autogenous Bacterial Vaccines



10 Mil. (c.c.)

Twenty Preparations.

Beyond the experimental stage.

Millions of doses have been administered.



Sherman's Vaccines are Dependable Antigens"

Model Benefit Association

Richmond, Ind., Plant Organization Adapted for 50 or 1,000 Employes; In Operation 38 Years

The Westcott Mutual Aid Union of the International Harvester Company. Richmond, Ind., works, is an example of a well organized and efficient employes' mutual benefit association that is adapted for a plant of fifty men as well as for one employing 1,000.

The Westcott Mutual Aid Union has been in successful operation for thirty-eight years, during which time the number of employes has grown from 50 to 1,000.

The Richmond Works until recently was the American Seeding-Machine Company. This company moved to Richmond from Milton, Indiana, in 1878 and in its early days quite frequently the employes were called upon for contributions to assist a fellow-workman in distress. In fact, the calls were so frequent that in 1882 the present president of the mutual aid and a few others organized the association for relief, the charter members numbering thirty.

Mr. John M. Westcott, president of the company, heard of the plan of organization and started it with a donation. On account of the close relationship between the president and the men, the association was named the Westcott Mutual Aid Union.

The aid union was started by the workmen and has always been managed by them in a most successful manner. After a man has worked three months and is not under eighteen or over sixty years of age, he is eligible to become a member and entitled to the \$4.00 per week disability and \$50.00 death benefit.

The basis of operation is on the 25 cents per member assessment plan. While the assessment plan is out of favor with many associations, it has always been favored by the Westcott men. With each assessment the company pays a specified amount. For several years the total assessments for the year have not exceeded \$1.75. During the "flu" epidemic, however, this amount was doubled.

All officers serve without pay and consist of a president, vice-president, secretary and treasurer. The executive committee consists of twelve members residing in different parts of the city. This committee examines all claims against the association and orders all assessments necessary to replenish the fund. They also visit the sick members once a week in order to keep themselves informed as to their conditions and needs.

From the fact that The Westcott Mutual Aid Union has been run successfully by and for the men for thirty-eight years, its standing among the men has never been questioned.

Membership is entirely voluntary on the part of employes. New men upon employment are advised of its existence in the bulletin to new employes. Each department has a man in it looking after new memberships. At the end of three months of consecutive employment, the new man is invited into the association. By that time he is imbued with the company spirit and policy and usually joins the association. About sixty percent of the employes belong to the association.

Accidents Have Decreased

Beloit Plant Surgeon Notes Effect of Prohibition Among Industrial Workers; Better Attendance

The effect of prohibition in industrial plants, judging from the experience of Fairbanks, Morse & Company, Beloit, is to decrease greatly the number of minor illnesses and to promote better attendance by the men on Mondays, days following holidays and pay days and proportionately to reduce accidents.

C. F. N. Schram, M. D., plant surgeon, however, says that there are more accidents now than on "days after" previous to prohibition.

"This is true," he adds, "because we never allowed on the plant an employe who was under the influence of liquor. Also, we have more men on the plant on Mondays, holidays and days following pay days. There are no 'days after'.

"When we stop to consider actual hours worked there is a proportional smaller number of accidents now than there was previous to prohibition. Minor illnesses are much less frequent, having been reduced fully one-third.

"Prohibition has not been in effect long enough so that it has made any marked difference in the recovery or convalescence of those seriously injured."

The Beloit Physicians' and Surgeons' Club, of which Dr. Schram is a member, recently passed a resolution agreeing not to dispense or prescribe intoxicating liquors except in cases of extreme need.

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

BACTERIOLOGY FOR NURSES (F. A. Davis Company, Philadelphia), by Harry W. Carey, M. D.

Dr. Carey has prepared a second edition of his Bacteriology in order to bring the subject matter up to present day advances. The first edition was based on lecture notes used for eight years by the author as a teacher in the Samaritan Hospital Training School, Troy, N. Y., and the revision continues the style and arrangement of the original volume which was prepared with the idea of presenting clearly and in simple language phases of the subject essential for nurses.

A MANUAL OF FIRST AID IN ACCIDENT AND DISEASE (Stearns & Bale, New York) by Edward L. Gainsburgh, M.D.

This manual, primarily intended to be of practical value to its users, omits much of the anatomy and physiology usually to be found in first aid books and devotes considerable time to common medical conditions the average layman is likely to encounter.

REGIONAL ANESTHESIA (F. A. Davis Company, Philadelphia) by B. Sherwood-Dunn, M. D.

The book is a resumé of the work of Victor Pauchet and of P. Sourdat and J. Labouré, revised by Pauchet. It describes in detail operations performed without any general anesthesia and gives minute directions, illustrated with numerous cuts.

Hemosiatie Serum (Hemophatin)

Process of Vincent A. Lapenta, M.D.

YOU can operate with security in cases of hemophilia by using Hemostatic Serum as a prophylactic of hemorrhage.

Hemostatic Serum markedly shortens the coagulation time of the normal blood. It supplies those constituents that are responsible for the phenomenon of blood-clotting and which are not present in adequate amount in the blood of hemophiliacs.

Hemostatic Serum is supplied in 2-cc and 5-cc sealed glass bulbs (Bio. 70 and Bio. 72, respectively). It is always ready for immediate use as a prophylactic or as a hemostatic during and after operations.

A descriptive pamphlet on Hemostatic Serum will be mailed to surgeons on request.

Parke, Davis & Company



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Refrigerators

The Highest Quality **Produced**



Thicker walls. heavier insulation, compressed fiberboard lining, white enamel inside finish, and other valuable features not found in any other line. Extremely handsome in de-

sign and finish, thorough in every detail of construction, especially economical in operation, and highly efficient in refrigerating properties.

Shipped everywhere subject to examination and 'approval

We challenge the most critical comparison with any produced. a n d leave the decision entirely with you.



CATALOG FREE UPON REQUEST

A wide variety of sizes and styles carried in stock, something for almost every requirement. Absolute satisfaction guaranteed.

LIGONIER REFRIGERATOR CO.

1001 Cavin Street Ligonier, Indiana

THE OUESTION BOX

Problems in Hospital Administration Dealt With From the Practical Side

To the editor: Kindly look over the accompanying menus and comment on them. Any criticism that will enable us to improve our bill of fare will be appreciated. A NORTHWESTERN SUPERINTENDENT.

PATIENTS' MENU, JUNE 7 to 14, 1926.

MONDAY.

Dinner Beef Stew Mashed potatoes Peas Chocolate bread pudding

Supper Bean soup Xmas potatoes Peach sauce

Breakfast Wheat flakes Bread Coffee

Dinner Steak Riced potatoes

Kidney beans

TUESDAY

Supper Carrot soup Cheese Souffle Cookies Prune Sauce

WEDNESDAY

Breakfast Rice Bread Coffee

Dinner Short ribs and gravy Mashed potatoes Spinach Caramel pudding

Supper Pea soup Spanish rice Baked eggs Cherry sauce

THURSDAY

Breakfast Puffed wheat Bread Coffee

Dinner Roast beef and gravy Riced potatoes Wax beans Fruit jello

Supper Vegetable soup Macaroni and cheese Rhubarb sauce

Breakfast Hominy grits Bread

Coffee

FRIDAY Dinner Fish Mashed potatoes Tomatoes

Lemon pudding

SATURDAY

Supper Tomato soup Esc. salmon Apricot sauce

Breakfast

Oatmeal Bread Coffee

Dinner Meat loaf Riced potatoes Lima beans Apricot whip

Supper Potato soup Pea souffle Plum sauce

Breakfast

Cornflakes Bread Coffee

Dinner Pot roast and gravy Mashed potatoes Corn

SUNDAY

Supper Oyster soup Esc. potatoes Crax Pineapple sauce

STAFF MENUS, JUNE 7 to 14, 1920

Ice crean

MONDAY

Breakfast Oatmeal Eggs Coffee

Dinner Steak Mashed potatoes Peas

Supper Xmas potatoes Apple sauce New onions Cookies

Breakfast Hominy grits Bacon Toast

TUESDAY Dinner Beef goulash Riced potatoes New creamed carrots

Supper Chili con carne Cr. macaroni Prune sauce





Operating Room
Toronto General Hospital (Shield's Emergency)

Scanlan-Morris Co., Madison, Wis.

Toronto, Ont., July 9, 1914.

Gentlemen:

As you are aware, the first Bartlett "Noshadolite" to be installed in Canada was the one you supplied for us at the Shields Emergency Dept., Toronto General Hospital.

Before deciding upon this type, I visited scores of hospitals at night and tried out the illuminating systems in use in their operating rooms. Since ours was put in, it has been used for nearly all night operations for the entire hospital, which has, as you know, some 670 beds. Not one adverse criticism regarding the light has reached me, but the universal comment has accorded to it the position of being the best yet devised to facilitate the surgeon's work.

Yours sincerely,

(N. A. Powell) M. D., F. A. C. S. Surgeon in Charge.

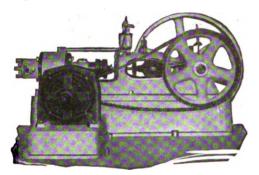
SCANLAN-MORRIS COMPANY

MADISON, WIS., U.S.A.



Perfect Refrigeration for the Preservation of FOOD

"Automatic Evercold" assures continuous refrigeration service, with absolute safety to patients and attendants. Keeps food fresh. Makes pure ice. No expert mechanic or special engineer needed to operate the "Automatic Evercold". Starts itself and stops itself by thermostatic control.



"AUTOMATIC EVERCOLD" the Safety System

Uses carbonic gas as a refrigerant. This gas is non-inflammable, non-explosive, non-asphyxiating and non-corrosive. "Automatic Evercold" will keep cooling rooms and refrigerators at a uniform low temperature, that is pure, dry and sanitary.

500 lbs. to 500 Tons Capacity

A size for every refrigeration requirement. Produces refrigeration and makes ice at a nominal cost per ton capacity. Tell us your refrigeration requirements. We will gladly furnish you free an estimated cost of an "Automatic Evercold Iceless Refrigeration" installation.

AUTOMATIC CARBONIC MACHINE CO.

PEORIA, ILLINOIS

When you think of ICE think of US

Breakfast Oranges Puffed rice Eggs Toast

Breakfast Wheat granules Bacon Toast

Breakfast Oatmeal Eggs Toast

Breakfast Rice Bacon Toast

Breakfast Cornflakes Ham Toast WEDNESDAY
Dinner
Roast beef and
gravy
Riced potatoes
Tomatoes

THURSDAY
Dinner
Pork chops and
gravy
Riced potatoes
Creamed onions
FRIDAY

Dinner
Fish
Roast beef
Riced potatoes
Wax beans
SATURDAY

Dinner
Roast veal
Steamed potatoes
Milk hominy

SUNDAY
Dinner
Roast pork and
gravy
Apple sauce
Mashed potatoes
Creamed aspara-

Supper Vegetable soup Potatoes au gratin Cherry sauce Jumbles

Supper Cold meats Fried potatoes Perfection salad Ginger snaps

Supper Salmon Esc. potatoes Head lettuce Apricot sauce

Supper Hash Fried potatoes Fruit jello Cookies

Supper Creamed egg on toast Spanish rice Pineapple sauce Radishes

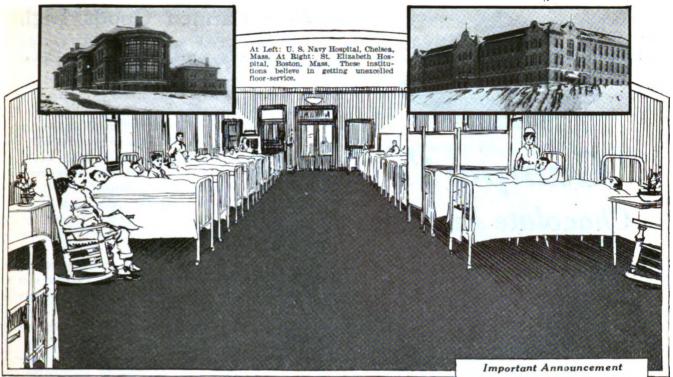
A number of criticisms suggest themselves by a study of these menus. In the first place there seems to be too little food. Why not give the staff fruit for breakfast? A cooked cereal might be served every morning, with a choice of a prepared cereal, and corn meal and malted wheat might be included. There isn't much variety in the breakfast dishes; eggs, bacon, hash, liver, fish, sausage, ham, small steaks, etc., might be used from time to time. One of the meals consists of roast veal, steamed potatoes and milk hominy, too many bland dishes for one time.

The patients' breakfasts while better than the staff's also seem too meager. Cooked cereal undoubtedly would be more economical than wheat flakes, puffed wheat and corn flakes for ward patients. A vegetable of such a coarse texture as corn hardly seems advisable for a sick person. Also cheese appears to be too plentiful and there is a monotonous array of creamed dishes. Are oysters available now? On account of the acid flavor there is an objection to serving tomatoes and lemon pudding at the same meal. On the whole the patients' diets appear inadequate.

Generally, the menus are lacking in caloric value and there is a scarcity of fresh fruit. Also the food seems heavy for hot weather. The present price of potatoes would make it advisable that they appear less frequently on the table.

250-Bed Hospital For Toledo

The trustees of Toledo, O., Hospital, have decided to erect a 250-bed hospital building as soon as a site is selected. The city is short 1,000 hospital beds, according to an estimate by P. W. Behrens, superintendent of the hospital, which has been forced to turn away 529 applicants in three months. The present institution has beds for 130 patients. Superintendent Behrens is president of the Ohio Hospital Association and a trustee of the Ohio Public Health Association.



Better Hospital Floors -Service Guaranteed

ABSOLUTELY sanitary and quiet—made in a soft, restful brown—Gold Seal Battleship Linoleum on the hospital floor is an important asset to patient comfort.

Resilient, easy to clean and yieldingly comfortable to tired feet, it appeals strongly to doctors, nurses and attendants.

Its oak-like durability and its wonderfully low cost per year of service have earned for it the unanimous approval of hos-

An application of floor wax to its smooth surface gives it the soft glow of a fine hardwood floor.

Here is Floor Service—plus

We back the sturdy worth of Gold Seal Battleship Linoleum with an iron-clad Gold Seal Guarantee: -- "Satisfaction guaranteed or your money back." This Gold Seal Guarantee appears on every two yards of this floor-covering and means just one thing—our absolute faith in the product.

GOLD SEAL Battleship Linoleum (THE FAMOUS FARR & BAILEY BRAND)

U.S.Navy Standard

The Congoleum Company, Incorporated, has acquired the plant, business and good-will of the Farr & Bailey Mfg. Company, of Camden, N. J., among whose products is the famous F. & B. Battleship Linoleum. In the future F. & B. Battleship Linoleum will be known as

GOLD SEAL

Battleship Linoleum It will continue to be the same enduring linoleum that for years has led the field in this type of floor-covering; built on exactly the same rigid U. S. Navy Specifications; made by the same F. & B. workmen, in

And in addition it will bear this definite Gold Seal Guaran-

the same factory.

"Satisfaction guaranteed: or your money back."

Flooring experts are here, at your service, to halp solve your hospital floor-covering problems. Specifications for laying Gold-Seal Battleship Lindeum floors are free upon request. Samples of this thoroughbred floor covering will show you why we can afford to make our sweeping guarantee. Send for samples—today.

Congoleum Company

CHICAGO BOSTON MONTREAL



Be Sure to Look for the Gold Seal



Gumpert's Chocolate Pudding

Tempting and delicious—just the thing to pamper the convalescent's fickle appetite. Because of the unusual care taken to make it absolutely pure and nourishing, doctors and dietitians in leading hospitals endorse it as

The Ideal Dessert

Solves quickly and conveniently the ever present problem of what to select and prepare that sick folks can relish and enjoy.

Purity—Economy

Gumpert's Chocolate Pudding is carefully made from milk, eggs, chocolate, cocoa, starch, salt and flavor—nothing added—nothing extracted but the water. High in caloric value—156 calories to the ¼ lb. portion. Easily prepared. Simply add water, sweeten to taste, boil and let cool in molds. Costs but 2c to make a ¼ lb. portion.

Send for Free 9 Portion Sample

S. Gumpert & Company BROOKLYN, N. Y. - CHICAGO



Gumpert's Chocolate Pudding is used extensively in leading hospitals everywhere

New Canned Goods Higher

Restricted Pack and Increased Costs Affect Fruits and Vegetables; Cotton Prices Advance

The vanguard of the new pack of canned goods reached the market late in July and upheld predictions of prices higher than even the peak mark for 1919 goods. This was particularly true of asparagus which was scarce and which was quoted at a figure 25 per cent higher than the opening price of a year ago.

Strawberries and cherries and other early fruits also were higher than the first quotations of 1919, despite excellent crops of a fine grade. The policy of restricting the pack because of high prices of labor and materials means that there will be a comparative shortage in all lines of canned goods.

Peas will reach the market about the middle of August and the outlook is for a sharp increase over the 1919 price. The demand for this popular item promises to be as great as ever and the curtailed pack will result in a price higher than that asked for the last stocks of 1919.

Among hospital supplies, the outstanding feature of the present market is the growing scarcity of glass and steel and the consistent advances made in quotations on articles embodying these materials.

COTTON UP TWO CENTS

An increase of two cents a pound for cotton, recently announced by wholesalers, soon is to be passed along the line, too, although on August 1 this increase had not been made by jobbers having stocks purchased at the former price. Gauze, for instance, still was quoted at \$8.50 for 100 yard bolts, which was practically the same figure named for several months.

There was a restricted supply of enamelware, particularly of odd shapes, such as triangular pus basins, and while prices had not advanced increasing difficulty was found in replenishing stocks.

Dealers reported improvement in the rubber goods lines and prices were about the same as for the last two months. Sheeting, double-faced, in 50 yard rolls, 45 inches wide, was quoted at \$2.00 a roll.

Despite a decline in the coffee market, due to financial conditions in this country and Brazil, coffee was stronger than even a year ago when prices were the highest in twenty-five years. The decline is inexplicable inasmuch as market experts assert that the world is facing a shortage of coffee. Just what the future holds is a question none of the wholesalers care to answer. Tea was quiet around August 1, most of the dealers buying on a hand-to-mouth basis and no unusual change in price was looked forward to.

SHEETS IN SLIGHT ADVANCE

A growing scarcity of sheets and pillow cases marked the textile markets and a slight advance was made in prices with further increases predicted. Pillow cases that were quoted at \$5.85 a month ago were marked up to \$6.85 August 1 and were hard to get. Sheets, 72 by 90, of a good quality for hospital use also advanced in the same period from \$24.45 a dozen to \$25.

Blankets remained steady although in many instances they were difficult to obtain.

Standardized Case Records Used in A Thousand Hospitals

Our catalogs contain the following records:

American College of Surgeons Pennsylvania Bureau Medical Education.

Catalog No. 5 — Miscellaneous Charts.

We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

Hospital Standard Publishing Co. Baltimore, Md.



In What
Form
Do You
Use
Iodine

Industrial Hospitals, Physicians and Surgeons in general practice are getting splendid results with

IOCAMFEN

Iocamfen is extensively used in Military Surgery in the management of deep, jagged, soiled and infected wounds, as well as by numbers of surgeons in charge of workers in large industrial institutions, railroads, mines, stores, etc.

Iccamfen is an interaction product of Iodine, Camphor and Phenol. Contains about 7½% free Iodine, held in perfect solution without the aid of alkaline iodides, alcohol, or other solvent. Has greater stability and higher antiseptic action than Tincture of Iodine with better adhesion, greater penetration and healing qualities.

Camiofen Ointment (formerly called locamfen Ointment) is prepared with IOCAMFEN and used where additional emolilent action is desired.

Both products accepted by the Council on Pharmacy and Chemistry, American Medical Association.

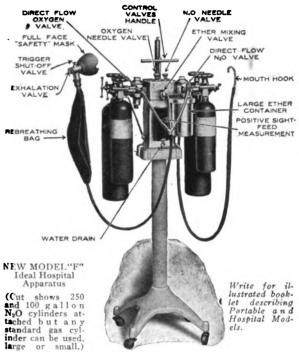
Information and Literature from

Schering & Glatz, Inc.
150-152 Maiden Lane New York

Certainty vs. Guesswork

Every hospital executive knows that errors in anaesthesia occur largely through the inability of anaesthetists to judge of the dosage and control the flow of the mixture; and this fault is a fault of the apparatus used, not of the persons using it.

Here's the Machine You Need



Reasons for Its Success

- 1. It can be successfully operated by any competent anaesthetist.
- anaesthetist.

 2. Once used the SUR-GEONS DEMAND it
- constantly.

 3. It is ECONOMICAL to operate, using from 40 to
- 60 Gals. N₂O per HOUR.
- It does not, with ordinary care, get out of order.
- It has proved a good revenue producer wherever used, both directly and indirectly.

Used in Hundreds of Hospitals. It Has a Place in Yours

There is a hospital near you which has had experience with the Safety Anaesthesia Apparatus, and we shall be glad to refer you to it for detailed information regarding our machine. Actual test of satisfied users is its best endorsement.

Use the coupon and find out

SAFETY ANAESTHESIA APPARATUS

1652 Ogden Ave.

CHICAGO, ILL.

ន្នារពេលពេលពេល COUPON ពេលពេលពេលមួយ

Safety Anaesthesia Apparatus Concern, 1652 Ogden Ave., Chicago, Ill.

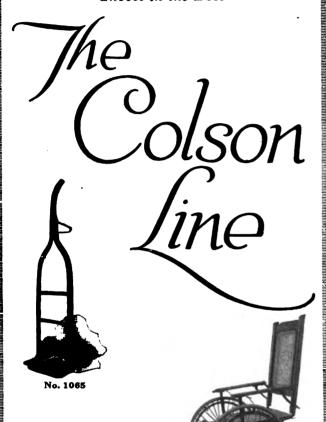
Please send me the name of one or more hospitals in this vicinity using your apparatus, and full information concerning it, without obligation to me.

Hospital
Individual

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Invest in the Best



YOUR PURCHASER keeps "The Colson Line" of Catalogs for handy reference. QUIET, easy running, ball-bearing, rubber-tired wheels, trucks and wheel chairs. COMPARE this line with others before you BUY.

YOU

IF

cannot go

WRONG

The Colson Co. Elyria, Ohio, U. S. A.

Overcoming Delays in Food Service

Continued from page 31

the waiting nurse at the serving room door, we feel we have come as near serving hot trays as it is possible to do in a hospital where there always must be more or less time consumed in transportation of trays, and for other reasons."

The kitchens are unusually light and well-ventilated. An exhaust fan carries off heat and odors. The storage rooms are close by, so that there is not an undue amount of time and labor required to obtain materials. The refrigerators, cooled by a mechanical system operated by the hospital, is divided into three sections, separate compartments being used for meats, vegetables and dairy products.

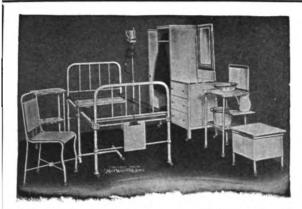
The nurses' dining room is on the first floor also, and the service is by maids. Small round tables are used, and the appearance of the dining room is distinctly cheerful. Mr. Wooddell is an avowed opponent of cafeteria service for nurses, pointing out that the nurse comes to her meals tired and worn out from her exertions, and is entitled to the best that the hospital can give her in the form of a well-cooked meal served under the most attractive and agreeable circumstances possible. The nurses go back to their duties in much better condition physically and mentally, he believes, as the result of being served, rather than being compelled to carry their own trays back and forth.

An unusual feature in this dining room is that faucets connected with the coffee urns in the kitchen project through the walls, enabling the maids to serve the coffee more quickly, and also making it convenient for the nurses to obtain a second cup without delay. The pipes leading from the urns may be readily disconnected, and no trouble regarding their cleanliness has been experienced. This is Mr. Wooddell's own idea.

The student nurses in Research Hospital are getting their theoretical work in dietetics at present through an arrangement with Junior College, of Kansas City. A number of the training schools, through the League of Nursing Education, have co-operated in the plan of giving instruction to their student nurses, and a central school of nursing, handling all of the theoretical work which may be given jointly, may be established through the co-operation of the board of education.

The first year student nurses are getting four hours of a week in dietetics under the plan indicated, and spend a month in the serving room under the direction of the dietitian. Here they get experience in setting up the trays. All of the serving of trays to patients is done by the first year nurses.

Owing to the shortage of nurses, however, the chances are that additional nurse attendants will have to be used in Research Hospital to assist in handling this and other details of a routine character. Thus far the attendants have been used to good advantage. Four are employed now. They do dusting work in the treatment rooms, empty trays, etc. They wear a plain blue uniform. They live out, but obtain their meals at the hospital, receiving \$75 a month. The hospital is also employing two extra orderlies, who assist with the male patients. They live at the hospital and are paid \$60 a month.



Modern Sanitary Hospital Room No. 3

All White Enameled.

Send for description.

We equip hospitals complete. Many new designs of ward, private room and operating sanitary furniture.

Send for literature showing modern furniture and hospital requisites.

The Max Wocher & Son Co.
19-27 West Sixth St., Cincinnati, Ohio

FROM OPEN STOCK

We Can Deliver

RIDER'S STANDARD SURGEONS
GLOVES

They Sterilize without becoming sticky. They are full at the Palm and pointed at the fingers. All weights and sizes.

ONCE TRIED ALWAYS USED.

P. L. RIDER RUBBER CO.

Worcester, Mass.

New Patterns in Hospital Equipment



Our unlimited manufacturing facilities enable us to produce many new articles of furniture and equipment which are designed by leading operators every year. Our Catalogue No. 20 shows the most complete line ever issued for the benefit of the hospital buyer. Our prices are a positive guide to economy.

Combination Nurse's Desk, Laboratory Table and Chart Cabinet has proven one of the most popular pieces of furniture designed in recent years. The nurses consider it exceptionally convenient as the charts can be handled without stooping over under the cabinet as is found in many of the styles which have been in use heretofore.

Remember our High Pressure Sterilizer Department is second to none in the world and our unconditional guarantee applies to this equipment as well as every other product of the Betz plant.



The new style table shown above is 36 inches long and 10 inches wide. It has the full porcelain top mounted on white enamel steel stand. It is a most convenient table for use in operations where a number of instruments must be laid out for easy access by the operator and still requires the very minimum amount of space in the operating room.

CHICAGO 30 E. Randolph St. FRANK S. BETZ CO. HAMMOND, IND.

NEW YORK 6-8 W. 48th St.





Correct Construction

in all Caldwell Cypress Tanks. They will give you honest, dependable life-long service. Every Caldwell Tank is machine-planed and jointed; the hoops, properly sized and spaced, have a positive grip. You are assured a dependable, uninterrupted water supply the year 'round.

The history of Caldwell service, over a period of 30 years, is proof that the Caldwell Tanks will best serve your purpose.

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W. E. CALDWELL CO.

Incorporated 2110 BROOK ST. LOUISVILLE, KY



FLOORS

WOOD-MOSAIC KIND

For Home or Institution

DUSTLESS, SANITARY EASY-TO-LAY

We manufacture all kinds of plain and ornamental flooring from simple strips and squares to the most elaborate parquetry designs. We also make all thicknesses of "tongue and groove" flooring.

Consult us regarding your requirements.

Agents in all Large Cities

The WOOD-MOSAIC CO.

Incorporated NEW ALBANY, INDIANA

Mediate Hospitals Suggested

(Continued from page 42)

taught more of the social and public health usefulness in store for them, we would probably improve the output.

And it is a serious question, now being agitated, whether the three-year course for a woman who has already had some academic training is not six months or a year longer than is necessary. Dr. Philip King Brown, of San Francisco, a broad minded physician and a wise observer of this subject, says: "There is nothing in the training of nurses for the work that most of them do that warrants three years spent in getting that training."

Suggestions of this sort will probably be unwelcome to training school managers, but we need to face conditions as they are; and, with the evolving conditions in society and in science, it behooves us not to fancy that we have reached perfection in our methods. We should have minds open for any improvement that demonstrates its title. And one of the "things as they are" is the fact of a vast multitude of people between the two extremes of the rich and the very poor, who need and deserve some better things.

Third, we must have lower fees for diagnosis and treatment for the people of small means. Most doctors have in the past been ready to temper their fees to the purses of their patients. They will continue to do this, and it would be easy to arrange this matter for the patients in the mediate hospitals, if they shall materialize.

Vocational Units Established

A vocational unit has been established by the Federal Board for Vocational Education at the Government Hospital for the Insane, St. Elizabeth's, Washington, D. C., and at Manhattan State Hospital, New York City.

Formerly, a psychotic patient was discharged as socially cured when he no longer presented a social or anti-social symptoms in hospital environment. He was then returned to the very environment in which his psychosis developed, dependent on his family for support, and with no definite, productive employment. Frequently a relapse speedily followed.

The plan of the Federal Board is to start a man's vocational training while he is still under treatment in a hospital, continue this training in a training center under proper supervision, and return him to his home, not only with a trade, but with a job which will render him economically independent and stimulate him with the hope thus engendered.

Brenham, Tex., Hospital Is Sold

Dr. T. J. Pier, of Brenham, Tex., has sold the Brenham Hospital to Drs. W. F. Hasskarl, O. Schovengel, Arthur E. Becker, R. E. Nicholson and Waldo Knolle. The new proprietors will conduct the institution as a general hospital.

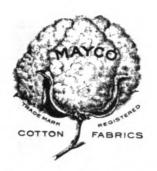
Medicine Lake Gets Hospital

Medicine Lake, Mont., is to have an emergency and maternity hospital to accommodate a dozen patients. Mrs. Niels Lodahl is owner of the institution.

Bronx Hospital Buys Building

The Bronx Maternity Hospital, New York, has purchased property at 1072 Grand Boulevard and Concourse which will be remodeled and equipped for about thirty-five patients.

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Theodore Mayer & Co.
226 West Adams Street
Chicago



TOWELS - TOWELING NAPKINS - TABLE LINEN

Special Attention Given to Name Work

A POPULAR FOOD LINE

ARISTON Food Products



are used by Hospitals, Sanitariums and other institutions in all parts of the country.

BECAUSE wherever used they are known for their purity and quality,

BECAUSE they supply a demand for wholesome nutritious foods at fair prices,

BECAUSE they are manufactured by clean, sanitary methods, only choicest ingredients being used.





Our Cocoas, Teas and Coffees Are Leaders in Beverage Qualities. Try Our Gelatines for Dessert.



409-411 W. Huron St.,

CHICAGO, ILL.

"Dealers Direct with You'

A **urity** Letter to Hospital Executives:

There's only one way to know a good bandage—and that is to test it out for yourself.

If you are a hospital executive we want to send you a two inch CURITY smooth cut bandage. This is to be put to the severest test—notice the freedom from cotton dust and long loose threads which are so troublesome in binding wounds.

See also our advertisement on page 75

Lewis Manufacturing Co. Walpole, Mass., U. S. A.

New York Philadelphia
Cleveland Kansas

phia

Atlanta (San Francisco

Lewis	Manufacturing Co., Walpole, Mass.			Date
				andages have. Please send s in which I am interested.
	Bandages Bandage Rolls	Absorbent Absorbent		Sheets, Sheetings Pillow Cases
Name			Position	
Instit	ution		Street	
City H. M			State	



The

SNELLENBURG

wholesale textile department is the recognized

Supply Headquarters

of the

Hospitals of America

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We handle a complete line of dry goods supplies for hospitals and institutions, samples of which will be cheerfully submitted upon request.

If we have not as yet had the pleasure of opening an account with you, kindly furnish the necessary business references with your order.

Terms—2% ten days, or net 30 days.

We offer for the month of August the following specials:—

the following specials.
Special Unbleached Bandage
Muslin, per yd
No. 2 Gauze, seconds, 22/18,
140. Z dauze, see 111
per yd
R R R White Crinoline, per yd15
Climax Gingham, 26", blue
and white nurse's stripes,
and white hurse's stripes,
per yd
Provident Gingham, 52, blue
and white nurse's stripes,
per yd
No. I Sovereign Licking, 32,
8 oz., per yd
No. 105 Bleached Shroud
Muslin, 36", per yd
Fruit of the Loom Bleached
Muslin, per yd
Wamsutta Night Robe Bleached
Muslin, double warp, per yd521/2
Stockinette, per lb
Belvedere Bleached Sheets,
72/99, per doz23.25
Belvedere Bleached Sheets, 72/99, per doz
per doz28.34
Utica Pillow Cases, 42/36,
per doz 6.29
per doz
per doz 6.68
Pillow Tubing, 42", per vd621/2
Dimity Spreads, 62/90, each., 2.15
Dimity Spreads, 72/90, each 2.40
N-280 Plain White Woolen
Blanket, 60/80, cut single
and bound, per pair 5.85

N. SNELLENBURG & CO.

Wholesale Textile Department Philadelphia, Pa.

For the Hospital Buyer

Notes of Equipment and Labor Saving Devices That Recently Have Been Perfected

Still for Hospitals

On the recommendation of members of the professional staffs an increasing number of hospitals are using distilled



water for medical and surgical cases and the Barnstead Manufacturing Company, Boston, manufacturers of stills and sterilizers, is putting out a type of still particularly adapted to institutions. This model is made of heavy copper and compositions, which is thoroughly coated with pure block tin on all parts that come in contact with the water.

Mobile Dish Washer

The Whirlpool Manufacturing Company, Philadelphia, announces a new model dish washer of mobile type for use in hospital diet kitchens. This company for some time has manufactured a mobile washing machine for domestic use. The new type is made in the 18 and 20-inch sizes and has all the practical and economical features of the smaller machine with the larger capacity needed for diet kitchen use.

A New Colorimeter

The Central Scientific Company, Chicago, is putting on the market a colorimeter or color comparator, known as the Coolidge comparator for determining hydrogen ion concentration of substances such as blood, urine or other biological fluids by colorimetric methods. It is a simple device consisting of a heavy block of wood, through which slide two racks for holding test tubes. One rack is designed to hold the standard color tubes; the other to hold the series of unknowns which are being measured. The rack containing the standard types is arranged to be moved by means of a cord operated by a wooden knob easily accessible to the operator, so that the color tubes can be quickly brought into juxtaposition with each unknown and the colors compared. When one unknown is finished, the rack containing it is moved by hand to bring the next unknown into position. In this way, routine work in the determination of hydrogen ion concentration is facilitated.

INTESTINAL DISORDERS

are the menace of child-hood—especially at this season.

There is one answer:

B. B. CULTURE

F

B. B. CULTURE LABORATORY, Inc.

Yonkers, New York

Arsenic and Mercury are Indispensable in the Treatment of Syphilis. We recommend

Salvarsan or Neosalvarsan

(Arsphenamine-Metz)

(Neoarsphenamine-Metz)

powerful and easily administered spirochetecides, which are as efficacious as the imported products:

and

Bichloridol or Salicidol

(Mercary Bichloride)

(Mercury Salicylate)

put up in COLLAPSULES (compressible ampules), which insure absolute accuracy of dosage with a minimum of pain after intramuscular injection.

This combination of anti-luctics has no superior in the therapeutic field. Literature upon application to

H. A. METZ LABORATORIES, Inc.

122 Hudson Street New York



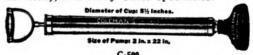
C-860

Thorough Cleanliness

Is as important around the kitchen and dining-rooms of the hospitals as anywhere else, and perhaps more so. The toilets used by employes in these departments should be kept in the most sanitary condition, and all plumbing should be unobstructed and in good condition. In attaining these objects our line of goods is indispensable—

Coleman's Sanitary Devices.

Including flexible sewer augers (illustrated), all sizes and lengths; improved suction and force pump (illustrated); flexible closet cleaners (ilustrated), and many other specialties.



Coleman's Closet Cleanser

A scientifically prepared compound for removing stains from closet bowls, urinals and traps—will make them look like new and keep them SANITARY.

Coleman's Chemical Compound Pipe Opener

Which solves the difficult problem of removing stoppages from pipes, drains or traps without injuring the fixtures, pipes or connections, is indispensable to hospitals.

New special catalog showing full line on request

ALLAN J. COLEMAN

208 N. Wabash Ave.

CHICAGO, ILLINOIS





C-510-519



C-850

HOSPITAL LINEN -the patients' most intimate point of contact with the hospital Does YOUR hospital

Many a hospital has bought poor linens in haste and repented at leisure.

, linen make a favorable impression?

Yielding to low price at a sacrifice of quality is the most expensive of luxuries for hospitals. No one has ever been able to find an argument against true quality, particularly in hospital linens.

Baker linens

Especially Made for Hospital Use

not only satisfy, they please. They defy the ravages of time and the laundry. We can think of no greater argument in their favor than that hospitals everywhere are demanding them to meet the requirements of long-continued service and good appearance.

Investigation is the greatest source of education and economy. Investigate the Bakerized Line of Hospital Linens by sending for samples and estimates.

Sheets and Pillow Cases **Bed Spreads** Blankets Comfortables Quilts Mattress Protectors Coats and Aprons for Attendants Table Cloths

Table Covers Napkins Huck Towels Face Towels **Bath Towels** Roller Towels Kitchen Towels Dish Towels

H.W. BAKER LINEN CO.

41 Worth Street, New York City

Philadelphis

Los Angeles San Francisco

Hospital Ranges

(Continued from page 38)

work, and government barracks and hospitals on the Pacific coast.

To use crude oil burners in place of coal, it is necessary to atomize the oil with steam or air. A great deal of experimenting has been carried on with both steam and air atomizing burners and several successful burners are now in the market. Such piping and burners and other equipment should be installed as will permit of oil having as low a gravity as 12 degrees being used. Equipment which will utilize the low gravity oil will be available for burning the higher gravity oil, which would not be the case if equipment was installed for high gravity oil only.

COMBINATION COAL OR GAS FRENCH RANGES

There has been developed for use in regular hotel coal ranges a gas burner to be used with either manufactured or natural gas. This burner may be easily inserted within the firebox of a range, the firebox then being filled with highly vitrified fireclay balls made of special fireclay high in silicon and becoming very readily incandescent. It is claimed that the consumption of a burner in a four foot section of a range is 153 cubic feet of gas per hour, and this heats the top surface and the oven simultaneously. The price of these burners for each section of a range would be approximately \$100. The advantages claimed for this type of burner is that the French range is the best range for all cooking, but that it takes an hour and a half to get it under way. With the use of the gas burner you can get red-hot heat on your top surface in twenty minutes and on the hot water jacket in thirty minutes, and the ovens will be baking hot in thirty minutes.

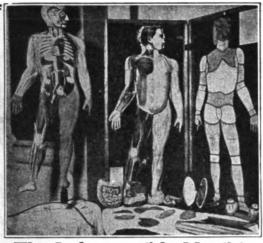
Where coal burning French ranges are now in use it would not seem advisable to remove the coal burning range to install a gas range until this type of gas burner had been given a trial. The proposition seems feasible on account of the fact that either coal or gas may be used.

Gas might not be furnished in sufficient quantities for all cooking purposes. If for any reason the gas supply should give out, it is only a matter of thirty minutes to change each firebox from gas to the original coal burning firebox.

L. Barth & Son of New York City also have developed this type of burner and no doubt many of the other manufacturers of kitchen ranges can supply the equipment.

So far in this study no mention has been made of the grates used in coal burning ranges. Claims of superiority are made by manufacturers of different styles of grates. The grates most in use are the revolving and dumping grate for anthracite coal and the flat dumping grate for wood and bituminous coal. This flat dumping grate may also be used for anthracite coal.

The preference for grates seems to be like the preference for typewriters—the operator prefers the make of typewriter which he is accustomed to use. If the cook is accustomed to a revolving dumping grate, he prefers this type of grate; if he is accustomed to a flat grate, he prefers this type. The writer is not prepared to say which Fill the more economical. The revolving dumping grate



The Indestructible Manikin Special for Aug. only, 20% discount!

Smith's American Manikin is indispensable to nurses' training schools and general practitioners. Height about 4 feet (mounted); light but strong; entire weight (including cabinet) is only 28 lbs. The Manikin body, as well as cabinet, made of wood, three-ply veneer, guaranteed not to warp or split. ALL DISSECTING PARTS (33 PLATES) MADE OF STEEL, THEREFORE UNBREAK-ABLE.

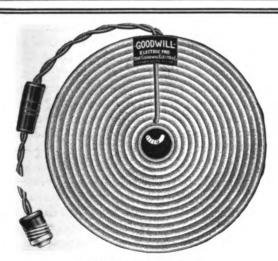
This manikin is far superior to charts for practical teaching, besides much cheaper.

Price (complete with cabinet), \$45.00—(value \$100.00).

Orders never booked "as a sale" before goods meet your full approval after inspection.

AMERICAN MANIKIN CO.

240 East 34th St. NEW YORK CITY



EXPOSURE

resulting from changing hot water bottles is dangerous.

BURNS

from freshly filled hot water bottles are frequent.

The temperature of the GOODWILL ELECTRIC PAD is more constant than that of your operating room. It will last as long as 8 hot water bottles. It is absolutely safe.

All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price \$8.00.

Use it 30 days at our risk-return it if it doesn't make good.

THE GOODWILL ELECTRIC COMPANY
61 E. Van Buren St. CHICAGO



Costs 15 Times A Dish of Quaker Oats

Quaker Oats cost one cent per large dish. The dish above costs some 15 cents. A single egg costs several times the oat dish.

Quaker Oats yield 1810 calories per pound. Eggs yield 635, and round steak 890.

Quaker Oats form almost a complete food. It is almost the ideal food. Yet a Quaker Oats breakfast costs about onetenth what many foods cost for the same calory value.

Note the comparison with other necessary foods based on prices at this writing:

Cost per 1,000 calories

Quaker Oats	5½c
Average Meats	45c
Hen's Eggs	60c
Young Chicken	\$1.66

Quaker Oats

Flaked from queen grains only—just the rich, plump, flavory oats. We get but ten pounds from a bushel, but they are flavory pounds.

The Quaker Oals Company

Chicago

Dougherty's

The

"Faultless" Line

Beds,

Bedding,

Steel Furniture,

Enamelware,

Glassware.

Rubber Goods.

Sterilizers,

Private Room Equipment

Our new Catalogue, representing the latest designs in Hospital Requirements, has been mailed and if your copy has failed to reach you, we shall be obliged if we be so advised. In this Catalogue we have endeavored to give a true portrayal of the kind of merchandise which is represented by DOUGHERTY'S and the flattering comments which we are hearing from hospitals whom it has been our pleasure to serve, have been a confirmation of the theory, that honest merchandise, fairly priced, together with service with a capital "S" meets the present day demand in the Hospital Field, and is the basis on which our organization has tried and intends to conduct its business.

H. D. Dougherty & Co.

INCORPORATED

Philadelphia

for anthracite coal, if the idea of the manufacturers is carried out, should be the more economical. This type of grate costs more than the flat dumping grate, but it is claimed that the additional surface available for use causes the grate to last longer than the other type for the reason that different surfaces of the grate can be placed in contact with the fire. Practical use of the grate, however, demonstrates that the cooks keep the grate in one position which causes it to burn through in the center and does not give the economy to be obtained through placing the grate in different positions. It is more convenient to clean a fire using a revolving grate than it is when using a flat grate. If care is used in shaking the grate no more coal should be burned than with a flat grate. There is, however, a tendency on the part of cooks to over-shake a dumping grate or over-rake a flat grate.

DIFFERENT COMBINATIONS

Ranges are made with different combinations of fire-boxes and ovens, also single and duplex patterns. The single ranges are desirable where the range is set against the wall, and duplex ranges where the range sets at the end of a room or where both sides should be available. When a duplex range is set at the end of a room with the end of the range against the wall, it is desirable to have the other equipment in the kitchen also set out in the room. Whether a single 'ange or duplex range is used depends on the size and location of the space available.

The hotel type of coal burning range will last for a quarter of a century or more if kept in repairs, providing the range is set clear of the floor. Most of these types of ranges are built to rest on the floor, which is a poor practice for the scrubbing of the floor causes water to run under the range and rust out the lower sections. This may be overcome by putting one layer of hard burned common brick under the range, the brick being laid on the largest surface which will raise the range about two inches from the floor. The edge of the brick may be finished with cove tile to make a neat appearance. Some of these ranges are made with iron legs from six to seven inches high and when this type is used it is not necessary to use brick.

There are more things to be considered in the equipment of a kitchen than a kitchen range. Careful plans and specifications should be prepared of the kitchen, serving rooms, dining rooms and special diet kitchens in connection with the other construction and equipment of a hospital. This feature of hospital construction and equipment has been woefully neglected in the past, which fact is easily demonstrated by the lack of facilities in many hospitals. A modern hotel is much better constructed and equipped to render satisfactory service to the public. Hospitals should, without question, plan in the same way to meet the needs of its patients, and the successful hospital of today is the one which meets this need. Service should be the keynote of a hospital—proper kitchen equipment promotes good service.

Founds Spanish Hospital

A hospital for the Spanish residents of New York is provided in the will of Mrs. Luisa T. De Navarro, recently probated. Mrs. De Navarro set aside a fund of about \$750,000 for the establishment of the institution.



AVE time and a void mistakes, delays and losses, by marking all articles that go to the laundry—linens, patients' clothing, uniforms of your staff, etc. Only a small inconspicuous letter or figure is necessary on each piece. A mark made with

DAYSON'S INDELIBLE INK

lasts as long as the fabric itself. Payson's will not spread, fade or wash out of cotton, linen, silk or woolen goods and will not injure the most delicate fabric. Be sure to get Payson's—the old reliable—in continuous use for nearly a century. Sold to hospitals direct.

Write the Makers Today



Payson's Indelible Ink Co.

Northampton, Massachusetts



S. S. White

Gas, Equipment Service

Nitrous Oxid and Oxygen, generated in the S. S. White laboratories are free from contamination; expressly produced for human inhalation and economical in use.

S. S. White Apparatus for the administration of anesthetic gases are models of simplified mechanism and efficient operation. The essential features for insuring continuity of flow and for the precise control of Nitrous Oxid and Oxygen are common to our various styles of equipment.

S. S. White refilling stations located at convenient points in all sections of the country provide facilities for the prompt delivery of our gases anywhere.

Ask for descriptive literature.

The S. S. White Dental Mfg. Co.

'Since 1844 the Standard''
Philadelphia

Are You Acquainted with Cellucotton? The Perfect Absorbent

Manufactured by the Kimberly-Clark Co., Neenah Wis.

A large sample of this wonderful absorbent will be sent to the Hospital Executive who promptly returns the coupon below. A test will show you the economy and efficiency of Cellucotton.

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And because in no measure have we failed, "AMERICAN" Sterilizers and Disinfectors today have the confidence of the hospital fraternity the world over.

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American Sterilizer Company

Erie, Pa.

New York Office: 47 West 34th St. Chicago Office: 282 South State St.

Hospital Laundries

(Continued from page 43)

method be followed. After a short time, however, it was seen that the cost of this system would be prohibitive, so in May, 1919, the hospital opened its own laundry.

Since operating its own plant the hospital has found that its laundry costs have been considerably less than half they would have been had the old method of giving out the laundry work been followed.

The Peck laundry takes care of all hospital linens and the clothing of employes and staff, but not anything belonging to patients as it is the custom for them to furnish all necessary apparel while in the hospital.

The number of pieces average 13,000 a week. The plant was installed by the Troy Laundry Machine Company and consists of two washing machines, one extractor, one tumbler dryer, one flat work ironer, two steam pressers, one starch boiler, dampener and ironing boards with electric irons, tables, etc.

Seven people are employed and the average cost the last six months in wages has been \$255 per month, plus the cost of maintenance, which would make \$465. The average monthly cost of supplies for the last six months was \$55. This does not include steam, power and lighting.

The next article will take up equipment of hospitals of 300 and 400 beds, giving details as to personnel, quantity of wash handled, etc.

To Form Wisconsin Association

Hospital executives of Wisconsin will meet at Milwaukee-September 16 and 17 to perfect a Wisconsin Hospital Assonation. A program touching on the important phases 6 hospital work has been prepared, including papers on hospital construction by Mr. Richard E. Schmidt, Chicago; dietetics, Miss Esther Ackerson, Michael Reese Hospital, Chicago; nursing, Miss Shirley C. Titus, superintendent of nurses, Columbia Hospital, Milwaukee; standardization, Dr. Bresnahan, American College of Surgeons. A round table conducted by Mr. Asa Bacon, superintendent, Presbyterian Hospital, Chicago, will be another feature.

New Venereal Disease Clinic

A government night clinic has been opened at University Hospital, Baltimore, for the treatment of venereal disease. Monday and Thursday nights will be for women and Tuesday and Friday for men. In connection with the clinic will be a campaign of education among employes in industrial plants who will be urged to attend at night and thus obtain treatment without interfering with their work.

Dr. Parsonnet Is Dead

Dr. Victor Parsonnet, founder and president of the medical staff of Beth Israel Hospital, Newark, N. J., died recently while conversing with friends at the hospital.

Christ Hospital Superintendent

Rev. Thomas A. Hyde is superintendent of Christ Hospital, Jersey City, and not Dr. Gordon K. Dickinson, as was erroneously reported in July Hospital Management. Dr. Dickinson is a member of the Christ Hospital staff.





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3,420 Internes Are Wanted

593 Institutions Listed by Council on Medical Education and Hospitals of American Medical Association

The Council on Medical Education and Hospitals has prepared a list of 593 hospitals in the United States in a position to furnish satisfactory internships for medical graduates. This group of institutions has a capacity of 361,162 beds and desires 3,420 interns. These hospitals represent about one-tenth of all institutions in the country having ten beds or more, but they have about half of the total bed capacity.

Of the hospitals in question 469 are general hospitals with 103,997 beds and offer 2,960 internships. In these general hospitals the length of service varies from 21/2 months to two years. The salaries range from \$10 to \$50 a month, although a majority of institutions pay nothing. A few allow fees.

The hospitals approved by the Council were investigated from the following standpoints: number of surgical, medical, other and total beds, number of interns, whether interns are appointed or determined by examination, time of examination or appointment, length of service of intern, out-patient service, accident cases, necropsies, medical library, salary of intern and training school for nurses.

State hospitals and hospitals for the insane listed by the council number 25, offering 72 internships and having a capacity of 41,722 beds. Ninety-nine special hospitals are in the list with 388 internships and 215,443 beds. In the state hospitals the salary of interns ranges from \$25 to \$100 a month and the length of service from three months to a year. The salaries in special hospitals varies from \$25 a month to \$1,000 a year and the term of service from three to 18 months.

Denver Hospital Picks Architect

Fisher & Fisher, Denver architects, have been selected for the Presbyterian Hospital buildings soon to be erected in Denver at a cost of more than \$1,000,000. Pliny O. Clark who will be superintendent of the new institution, is assisting in the planning of the group in an advisory capacity. Thus far Denver citizens have subscribed \$345,000 to the building fund.

Opens Radium Clinic

A radium clinic has been opened by Nathan & Miriam Barnet Memorial Hospital, Paterson, N. J., under the direction of Dr. William Spickers. The institution has obtained 55 milligram of radium for the clinic.

Training Schools For Eskimos

A training school for Eskimo women is to be established in connection with a hospital at Barrow, Alaska, the northernmost Presbyterian mission on the continent.

Liable for Employes' Negligence
The Supreme Court of Minnesota recently affirmed a judgment of \$6,500 damages for the death of a pneumonia patient at a hospital, the death being caused by a fall through an open window when the nurse was out of the room.

Home for Incurables Opened The new Jewish Home for Incurables, Baltimore, was opened July 18. It has facilities for 75 patients.



For the Nurse



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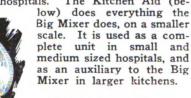
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British Columbia Convention

Hospitals of Canadian Province Discuss Nursing, Medical and Business Problems at Annual Meeting

The third annual convention of the British Columbia Hospital Association, held at Vancouver, June 23-26, was highly successful and all who attended were rewarded with many practical suggestions and ideas for improving service and for meeting the numerous problems confronting hospitals. Each day of the meeting was given over to a special problem, nursing, medical and business, or finance and a great deal of time was devoted to round table discussions.

At the nursing session the speakers attributed the shortage of nurses to five causes: (1) the enlargement of nursing in the direction of public health work, etc.; (2) extension of hospital facilities; (3) exploitation of candidates for menial work; (4) undesirable living and working conditions; (5) failure of schools to give proper training because of lack of finances.

Training school standards, education and other angles of the nursing problem also were discussed in detail, but because of the lack of time to go into the question thoroughly, a committee was appointed to take up the deliberations of the meeting and report at the next convention.

At the medical session, the necessity of co-operation between the staff and the trustees was emphasized, and the importance of meeting the minimum standard was brought up. Laboratory service, records and the relation of dietetics to treatment of disease, the lack of provision for psychopathic cases, were other subjects discussed.

The business session was devoted principally to methods of financing a hospital. Uniformity of accounting, purchasing by contract, hospital charges and allied topics also were treated and a committee was appointed to report on hospital accounting and other matters pertaining to financing institutions at the next conference.

Other matters brought up were the lack of facilities for the care of incurables and infectious cases and the problem of curtailing visitors in hospitals. The Vancouver General Hospital has proved frequently that departments from which visitors were excluded were able to render far better service to patients.

The officers of the Association for 1919-20 are: honorary president, Hon. J. D. McLean, Victoria; president, Dr. H. C. Wrinch, Hazelton; first vice president, Mr. R. S. Day, Victoria; second vice president, Mr. R. A. Bethune, Kamloops; secretary, Dr. M. T. Mac Eachern. Vancouver; treasurer, Mrs. M. E. Johnson, R. N., Vancouver.

Executive committee: Miss E. I. Johns, R. N., Vancouver; Miss M. P. MacMillan, R. N., Kamloops; Mr. Charles Graham, Cumberland; Dr. W. E. Wilks, Nanaimo; Miss S. L. Gray, R. N., Chilliwack; Mr. George R. Binger, Kelowna; Dr. D. G. Stewart, Prince Rupert; Rev. Father O'Boyle, Vancouver; Miss J. F. MacKenzie, R. N., Victoria; Mr. E. S. Withers, New Westminster.

The date and place of the next meeting will be decided later.



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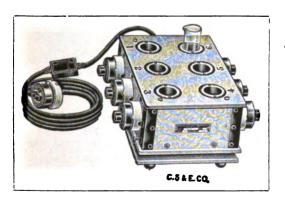
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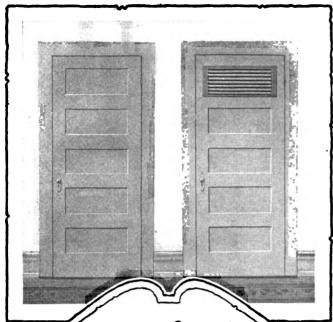
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Operating Cost Up 15 Per Cent

Members of United Hospital Fund, New York, Report Advance of Fifty Cents Per Patient Per Day

The cost of operating the forty-six hospitals of New York that are members of the United Hospital Fund increased only fifty cents a day for each patient during the past year, according to an excerpt from the annual report of the Fund, as announced by Frederick D. Greene, executive secretary.

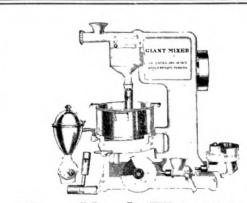
In comparison with the large increases in cost of materials, labor and other factors entering into the maintenance of a hospital, this advance is small, especially when compared with the jump made in the cost of operating industrial and mercantile establishments. The fine showing of the hospitals Mr. Greene ascribes to the improved methods of administration in vogue which have resulted in increasingly efficient administration of all departments and a consequent curtailment of expense.

Some of the figures showing the increase in operating expenses are:

Type of Hospital—	Cost per	patient	per day
	1920		1919
General	\$4.41		\$3.8 5
Women's	3.57		2.86
Chronic and convalescent	1.94		1.78

Back From South America

Dr. Ira Miltimore has resumed his duties as chief surgeon of the Gary Steel Company's hospital at Gary, Ind., after a three months' trip to Panama and South America.



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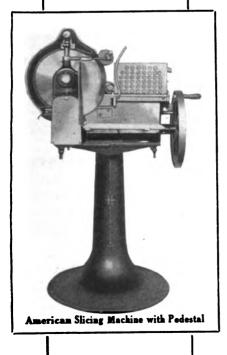
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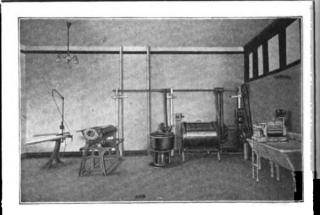
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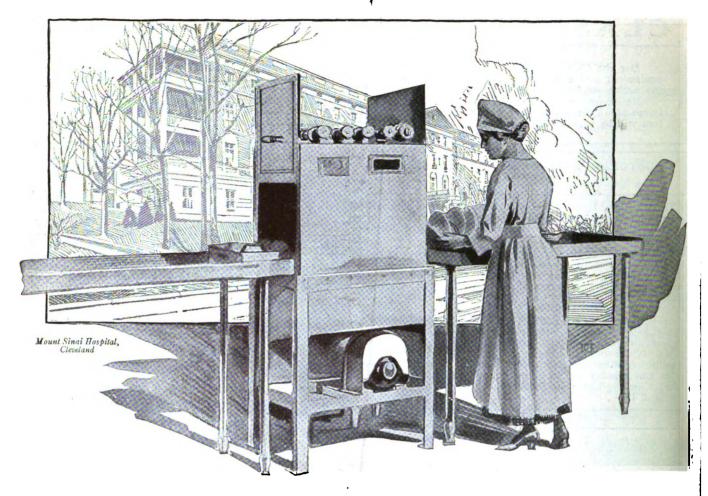
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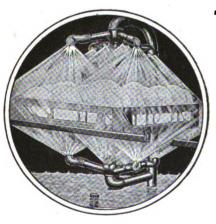
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Only the Crescent has the Double Revolving Wash



Vol. X September, 1920 No.

In This Issue

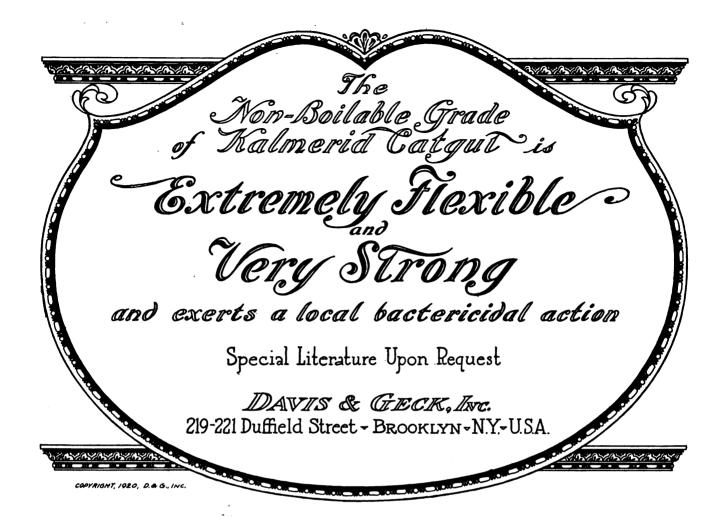
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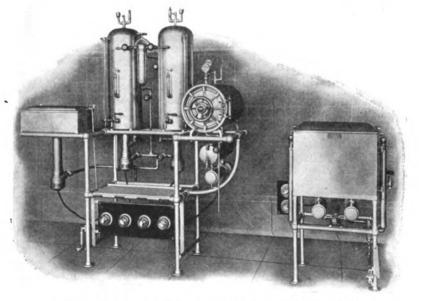
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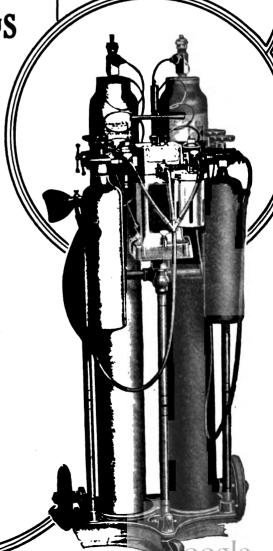
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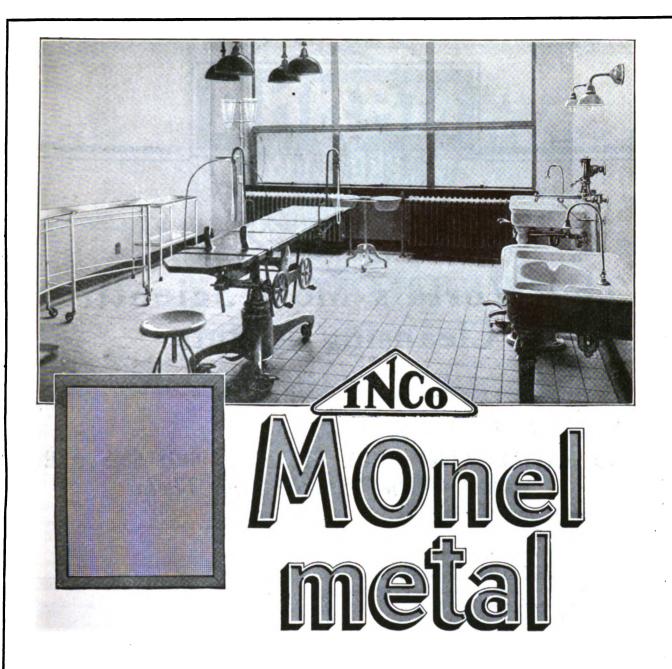
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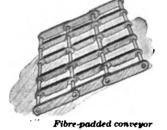
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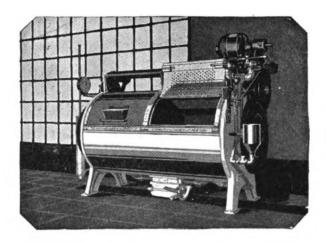
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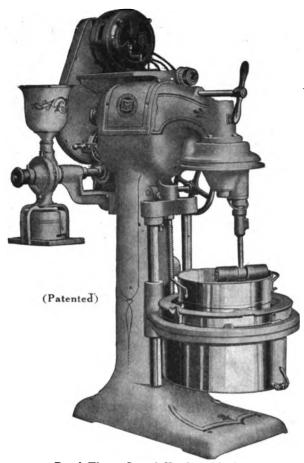
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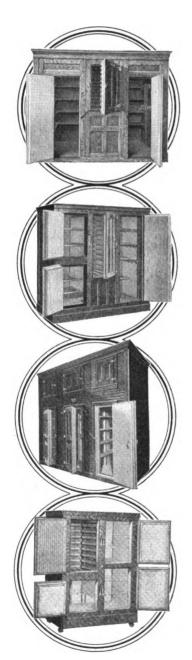
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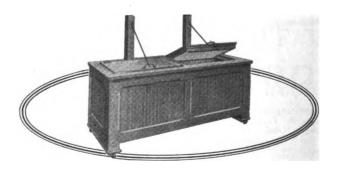
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Hotel Rainbow, Great Falls, Mont.





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Yes, the Hotel Rainbow is equipped with Van ranges, and the John Van Range Company installed our entire kitchen service at the time the Hotel Rainbow was erected nine years ago. The same equipment is still in operation and is giving splendid satisfaction from every stand point.

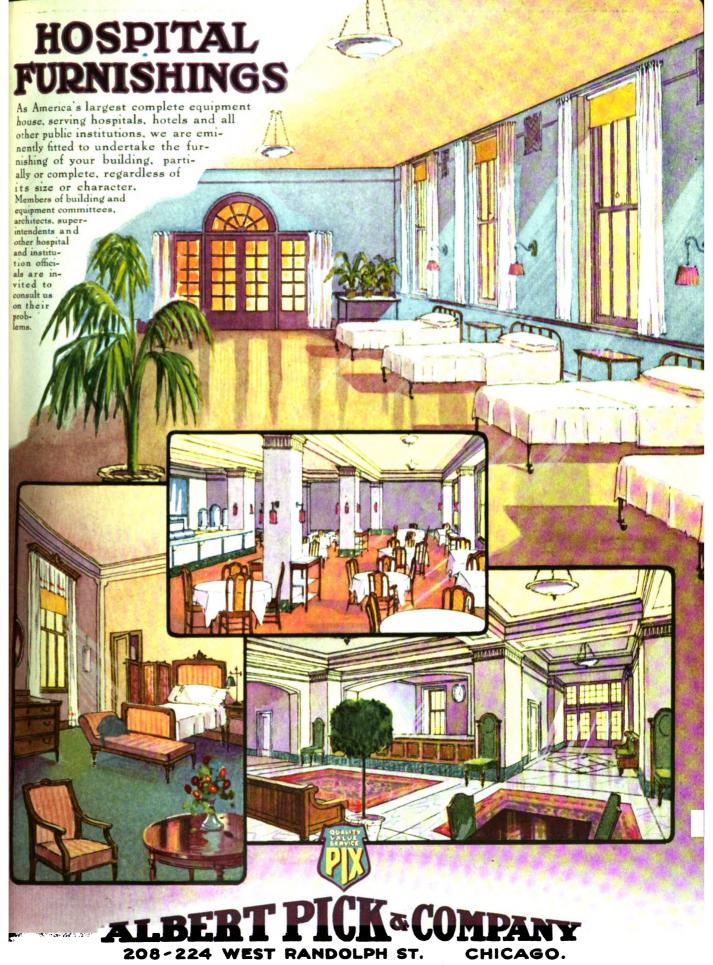
Just recently at the annual moeting of the Montana Hotel Men's Association which was held in Great Falls, the visiting hotel men were taken through this hotel and particularly complimented us on having such a splendidly arranged kitchen and such good equipment.

Unfortunately we have no good photographs of the kitchen equipment, but we are, however, enclosing several views of the Rainbow which will prove to you that we have one of the finest hostelries ir the northwest, and hope that you will be able to use them.

If we can cooperate from any other standpoint please remember that we will be more than willing.

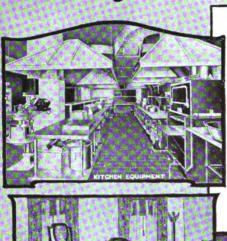
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BOOK No. B-105. Refrigerators.

BOOK No. B-109. Lang Ranges.

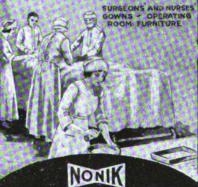








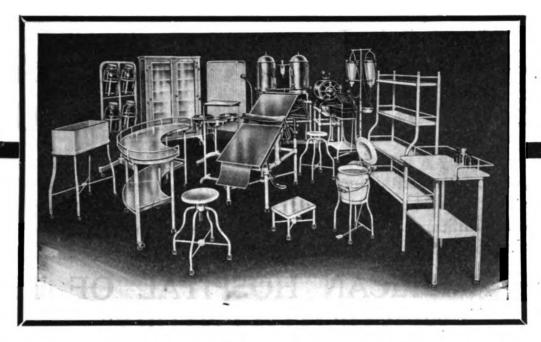












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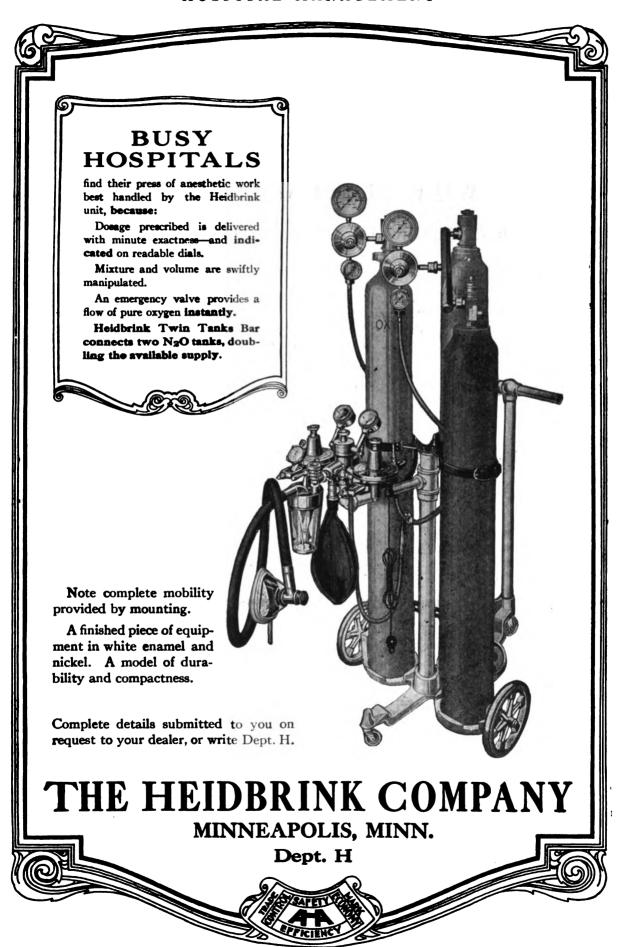
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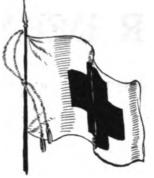
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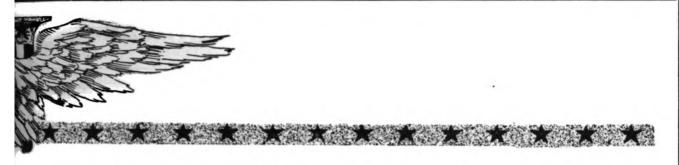


WAR DEPARTMENT Drugs and Medicinal Chem

ITEM NO. ITEM	QUANTITY	HOW PUT UP	MANUFACTURER	FIXED PRICE	Minimum Selling Unit	LOCATION
702-D Aethylis Chlor- idum (Kelene) 703-D Aloe Pulvis	21,300 tubes 3,450 oz.	l oz. tubes 100 tubes to case 2 oz. bottles 11 cases of 144 bottles each, 1 case of 141 bot-	Fries Brothers	\$0.18 per tube .04 per oz.	l case	Philadelph Pa. San Antor Tex.
704a-D Nitras Argenti, USP. Crystals	12,350 oz.	tles 1 oz. bottles 50 cases of 240 bottles each, 1 case of 350 bot- tles	Powers, Weightman & Rosengarten Co.	.58 per oz.	1 case	Philadelph Pa.
705a-D Argenti Nitras Fusus 706d-D Argyrol Equiv-	8,460 bottles 30,465	1 oz. in bottle 240 bottles in case	Powers, Weightman & Rosengarten Co. E. R. Squibb & Co.	.60 per oz. .30	1 case	New York N. Y.
alent (Solargen- tum)	oz.	1 oz. in bottle 240 bottles to case	E. R. Squibb & Co.	per bottle	1 case	New York N. Y.
707a-D Atropinae Sul- phas 0.65 MGM. Hypo. Tabs	46,600 tubes	20 in tube 100 tubes to case	Parke, Davis & Co.	.02 per tube	1 case	Washingto D. C.
708-D Barbital, 324 MGM. Tablets	1,550 bottles	500 tabs. to bottle 15 cases of 100 bottles each 1 case of 50 bottles		5.00 per bottle	l case	San Anton Tex.
709a-D Capsicum 32 MGM. Tabs.	15,000 bottles	500 tabs. in bottle, 80 cases of 100, 35 cases of 200 each	W. S. Merrill Co.	.02 per bottle	1 case	Washingto D. C.
710-D Chloralum Hy- dratum	7,750 oz.	1 lb. bottles 25 bottles to case		.96 per bottle	1 case	San Anto
711-D Chloralum Hy- dratum, 324 MGM. Tabs.	6,000 bottles	500 tabs. in bottle 100 bottles to case	Bowman Moll Co.	.40 per bottle	1 case	Washingto D. C.
712-D Chloretone, 324 MGM. Tabs.	2,500 bottles	500 tabs. in bottle 4 cases of 50 bottles each, 23 cases of 100 bottles each	Parke, Davis & Co.	3.00 per bottle	1 case	Philadelph Pa.
713-D Chrysarobinum	3,500 bottles	1/2 oz. in bottle 14 cases of 240 bottles each, I case of 140 bot- tles.	Powers, Weightman & Rosengarten Co.	.08 per bottle	1 case	Philadelph Pa.
715a-D Creosotum	1,172 oz.	I oz. bottles 4 boxes of 240 bottles each, I box of 212 bot- tles	Lyster Mfg. Co.	.06 per oz.	1 box	San Fran Calif.
716b-D Cupri Sulphas	9,900 lbs.	1 lb. boxes, 100 1-lb. boxes to case.	H. Kirk White & Lud- wig Remedy Co.	.10 per lb.	1 case	St. Louis,
717-D Digitalis USP. 30 MGM. Tablets		500 tablets in bottles, 75 of 100 bottles, 5 cases of 200 bottles, 1 case of 198 bottles	Wm. S. Merrill Co. Parke, Davis & Co.	\$0.04 per bottle	1 case	Philadelpi Pa.
718-D Emplastrum Sin- ipis, 4"x6 yds. in roll	2,400 tins	100 rolls in case	Deane Plaster Co.	.40 per tin	1 case	New York N. Y.
719-D Epinephrine Hy- drochloridum (ad- renalin) I MGM. Tablets.	22,000 tubes	25 tabs. to tube 4,000 tubes to case	Parke, Davis & Co.	.25 per tube	1 case	New York N. Y.

IMPORTANT: List Continued on Next Page

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QUARTERMASTER CORPS icals Offered in This Sale

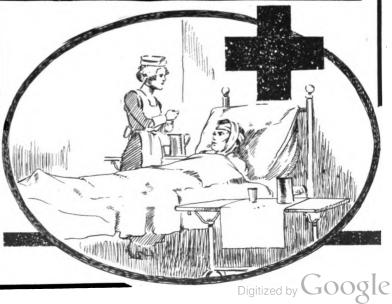
ITEM NO. ITEM	QUANTITY	HOW PUT UP	MANUFACTURER	FIXED PRICE	Minimum Selling Unit	LOCATION
720a-D Extractum Bel- ladonnae Foliorum		1 oz. bottles 3 cases of 240 bottles each, 2 cases of 250 bot- tles each, 1 of 120 bot- tles, 2 of 240 bottles	Parke, Davis & Co. Smith, Kline & French Co.	\$0.25 per bottle	1 case	Philadelphia, Pa.
721-D Extractum Cas- carae Sagradae, 130 MGM. Tablets	2,700 bottles	500 tabs. in bottle 100 bottles to case	McKesson & Robbins	.10 per bottle	1 case	New York, N. Y.
722-D Ferri Phosphas Solubilis.		in 1-lb. bottles 23 cases of 25 bottles each, 1 case of 9 bottles	Powers, Weightman & Rosengarten Co. Mallinckrodt Chem. Co	.80 per lb.	1 case	San Francisco Calif.
723a-D Fluidemextrac- tum Colchici Seminis	oz.	in 1 oz. bottles 5 boxes of 200 each, 1 box of 250, 2 boxes of 240 each, 1 box of 230	Parke, Davis & Co.	.20 per oz.	1 box	Chicago, Ill.
725-D Hydrargyri Chloridum Cor- rosiyum	53,850 bottles	250 tabs, in bottle 50 bottles per case	E. R. Squibb & Co.	.62 per bottle		Philadelphia, Pa.
726a-D Hydrargyri Chloridum Mite 32 MGM, tabs.	18,437 bottles	1000 tabs. in bottle 92 cases of 200 per case 1 case of 37 bottles	Snow Myerlo, Nelson Baker Co., McCam- bridge, Moore & Co.	.15 per bottle	1 case	Washington, D. C.
727a-D Hydrargyri Salicylas	2,000 bottles	1 oz. in bottles 240 bottles per case	Mallinckrodt Chem. Co	18 per bottle	1 case	St. Louis, Mo.
728b-D Iodum Potassii Idodium	5,600,000 tubes	2500 tubes per case	Z. D. Gilman	.02 per tube	1 case	Washington, D. C.
729-D Iodine Swabs	923,780 boxes	6 swabs in box 6 ampules in box 1000 boxes per case	W. D. Young & Co.	.05 per box	1 case	Philadelphia, Pa.
730-D Mistura Glycer- rhizae Comp. Tabs.	21,880 bottles	1000 in bottle 100 bottles per box	W. S. Merrill Co.	.22 per bottle	1 box	Chicago, Ill.

IMPORTANT: List Continued on Next Page

See Last Page for Instructions "How to Order"

Surplus Drugs and Medicinal Chemicals

Fixed Price List No. 7



Drugs and Medicinal Chemicals

List Continued from Preceding Page

ITEM NO. ITEM	QUANTITY	HOW PUT UP	MANUFACTURER	FIXED PRICE	Minimum Selling Unit	LOCATION
731c-D Nitroglycerin 65 MGM, Hypo. Tabs.	17,114 tubes	20 in tube 3 cases of 1000 tubes, 1 case of 1250, 1 case of 5000, 1 case of 3500, 1 case of 4364	Sharpe & Dohme, Eli Lilly Co., Parke, Davis & Co.	\$0.01 per tube	1 case	Philadelphia, Pa.
732-D Normal Saline Solution Tabs.	4,400 bottles	200 tabs. per bottle	Eli Lilly Co.	.08 per bottle	1 case	New York, N. Y.
733-D Pilocarpinae Hydrochloridum 8 MGM. Hypo Tab-	1,000 tubes	20 in tube 1000 in case	Sharpe & Dohme	.10 per tube	1 case	Philadelphia, Pa.
lets 734f-D Pilulae Aloini Compositae tablets	10,000 bottles	500 tabs. per bottle 200 bottles per case	Frederick Stearns Co.	.16 per bottle	1 case	Washington, D. C.
735e-D Pilulae Cathar- ticae Compositae or tablets	31,500 bottles	1000 tabs. per bottle 192 boxes of 100 bot- tles each, 200 boxes of 50 bottles each	Fred C. Arner, Sherns & Co.	.70 per bottle	1 box	Chicago, Ill.
736-D Lilulae Filulae Ferri Carbonatis, 324 MGM.	17,950 bottles	1000 tabs. per bottle 50 bottles per case	Parke, Davis & Co.	.10 per bottle	1 case	Chicago, Ill.
737e-D Scopolaminae Hydrobromidum 0.65 MGM. Hypo. Tablets	27,162 tubes	20 tabs, in tube 5 cases of 5000 tubes each, 1 case of 2162 tubes	Frazer Tablet Co.	.05 per tube	1 case	Philadelphia Pa.
738b-D Strophanthinum 0.5 MGM. Hypo Tablets	4,500 tubes	20 tabs. in tube 1 case of 3800 tubes, 1 case of 700 tubes	Sharpe & Dohme	.02 per tube	1 case	New York, N. Y.
739c-D Strycrinae Sul- phas, 1 MGM. Hypo, Tabs.	662,600 tubes	20 tabs. in tube 500 tubes in case	Sharpe & Dohme, Parke, Davis & Co.	.01 per tube	1 case	New York, N. Y.
740a-D Strychinae Sul- phas, 1 MGM. Hypo Tabs.	5,600 bottles	250 tabs. in bottle 200 bottles per case	Sharpe & Dohme	.05 per bottle	1 case	New York, N. Y.
741f-D Trochisci Am- monii Chloridi	17,500 bottles	250 tabs. per bottle 50 bottles per box	Allaire Woodward Co.	.09 per bottle	1 case	Chicago, Ill.
742-D Unguentum Capsici	9,600 tubes	1/2 oz. in tube 1200 tubes per case	Frederick Stearns & Co.	.02 per tube	1 case	New York, N. Y.
743-D Zinc Sulphas, 324 MGM. Tablets.	1,400 bottles	500 tabs. per bottle 100 bottles per case	Glens Falls Pharma- ceutical Company.	.10 per bottle	1 case	Philadelphia Pa.

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controlling point of storage. 10% must accompany order. Checks must be certified and made payable to Depot Quartermaster. Orders for amounts greater than minimum selling unit will be considered and filled when possible. The War Department reserves the right to reject any part or all of any order. Following is list of Storage Points and District Offices controlling them:

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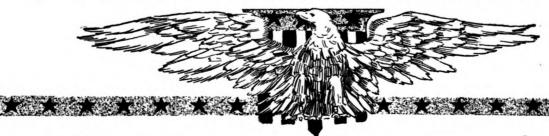
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September, 1920 Vol. X, No. 3

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Follow the Crowd



Everything Ready for A. H. A. Convention

Gathering at Montreal, October 4-8, Promises to Surpass Best Meetings Before the War; Program Completed

With the completion of the program and arrangements for the dispensary, venereal disease clinic and other exhibits, all is in readiness for the twenty-second annual convention of the American Hospital Association which will be held at Montreal, October 4-8. Dr. A. R. Warner, executive secretary, and the committee in charge of reservations predict a large attendance, which with the well balanced program and the hospital exhibits indicate that the convention will be even better than the most successful meeting held before the war.

The official program provides for a six day convention, Monday, October 4, being set aside for registration and inspection of commercial exhibits as well as for entertainment and an informal reception by the Montreal committee.

At 10 a. m. Tuesday the convention will be called to order and from that time until Friday afternoon leaders in their fields of hospital work will tell how they have solved various problems and discuss all important questions. In addition to the convention of the American Hospital Association there also will be meetings of the American Association of Hospital Social Workers and of the American Conference on Hospital Service so that the Montreal sessions will be well worth while to those interested in any department of the hospital.

INTEREST IN REPORTS

General subjects to be discussed at the meeting include community hospitals, administration, personnel, out-patient departments, community funds, industrial clinics in general hospitals, occupational therapy, distribution of food, social service departments, standardization, and all details of nursing.

In addition, the Sections on Dispensaries, Social Service, Nursing, Hospital Construction and Hospital Administration will have special programs.

Of special interest will be the report of the officers and trustees since they will cover the removal of the office of the Association from Cleveland to Chicago and the development of the state sections of the Association and other policies of the A. H. A.

As announced in August Hospital Management, the Association will introduce practical innovations in a number of exhibits of dealing with hospital activities. The most interesting of these will be the model venereal disease clinic which will be set up and fully equipped for work through the co-operation of the Division of Venereal Diseases of the United States Public Health Service. The United States government will assign a physician, a nurse and a technician and other personnel to the exhibit to demonstrate all phases of venereal disease treatment. Social service in relation to venereal disease clinics will be demonstrated by the Social Service Section of the A. H. A. in co-operation with the American Association of Hospital Social Workers.

The model dispensary exhibit will show the best plan of organization, including administration and staff organization, equipment, admission systems, records, night clinics, etc. An information service will be available to all interested who may desire to consult persons familiar with dispensary work. A similar information bureau will be arranged for those interested in hospital and dispensary social service.

An exhibit of methods and organization of hospital social service will be arranged by the American Asso-



JOSEPH B. HOWLAND, M.D.,

President, American Hospital Association, and Superintendent,
Peter Bent Brigham Hospital, Boston

ciation of Hospital Social Workers and the committee on hospital social work of the A. H. A.

JOINT MEETING WITH A. C. H. S.

These exhibits will afford all interested an opportunity to inform themselves of the best methods of solving all problems involved in these phases of hospital work. There will be no demonstration of actual clinical procedure, however, except by the model venereal disease clinic.

The American Association of Hospital Social Workers has called a semi-annual meeting in conjunction with the A. H. A. convention and on the final day of the meeting there will be a joint meeting of the A. H. A. and the American Conference on Hospital Service at which will be read a summary of reports of the various committees of the A. C. H. S. which have been at work on specific problems for several months.

The program for the convention is as follows:

MONDAY, OCTOBER 4

Registration.

Inspection of exhibits.

Entertainments, moving pictures in convention halls. Evening, informal reception by local committee in exhibit and meeting halls.

TUESDAY, OCTOBER 5, 10 A. M.

General Session, large convention hall.

ADDRESS OF WELCOME by Mr. E. R. Decarey. chairman of the board of administration, commissioners of Montreal.

PRESIDENT'S ADDRESS by Joseph B. Howland, M.D., president, superintendent, Peter Bent Brigham Hospital, Boston.

REPORT OF TRUSTEES, read by the executive secretary.

EXECUTIVE SECRETARY'S REPORT by Dr. A. R. Warner, executive secretary.

REPORT OF THE COMMITTEE ON LEGISLATION by Dr. W. G. Nealley, chairman, superintendent, Brooklyn Hospital.

TUESDAY, OCTOBER 5, 2 P. M.

General session, large convention hall.

COMMUNITY HOSPITALS AS A SOLUTION OF THE RURAL HEALTH PROBLEM,

by Dr. F. E. Sampson, superintendent, Greater Community Hospital, Creston, Iowa.

Discussion by Dr. John A. Hornsby, editor, "Southern Hospital Record".

Discussion by Dr. Louis B. Baldwin, superintendent, University Hospital, University of Minnesota.

THE PLACE OF THE DISPENSARY IN THE PUBLIC HEALTH PROGRAM OF THE FUTURE, by Mr. John A. Lapp, director, social action division. National Catholic Welfare Council, editor, "Modern Medicine".

Discussion by Dr. C. G. Parnall, medical director and superintendent, University Hospital, University of Michigan.

Discussion by Mr. John E. Ransom, superintendent, Michael Reese Dispensary, Chicago.

TREATMENT AND CARE OF PATIENTS IN THE GREY NUNS' INSTITUTIONS by Sister St. Gabriel, Montreal.

TUESDAY EVENING, 8 P. M.

Section hall, near registration room

SECTION ON HOSPITAL ADMINISTRATION.

Chairman, Dr. R. B. Seem, superintendent, Albert Merritt Billings Hospital, Chicago.

Secretary, Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital, Cincinnati.

SOME ESSENTIAL FACTORS IN EFFICIENT HOSPITAL ADMINISTRATION.

by Dr. Malcolm T. MacEachern, superintendent, Vancouver General Hospital, Vancouver, B. C.

Discussion, Mr. Pliny O. Clark, superintendent, Presbyterian Hospital, Denver.

THE SELECTION AND ORGANIZATION OF THE HOSPITAL PERSONNEL.

by Dr. C. G. Parnall, medical superintendent and director, University Hospital, University of Michigan.

Discussion, Dr. Winford H. Smith, superintendent, Johns Hopkins Hospital, Baltimore.

KEEPING UP WITH ADMINISTRATIVE PROGRESS.

by Dr. Harold W. Hersey, superintendent, New Haven Hospital, New Haven, Conn.

Discussion, by Dr. Louis H. Burlingham, superintendent, Barnes Hospital, St. Louis.

TUESDAY EVENING, 8 P. M.

Large convention hall.

SECTION ON OUT-PATIENT WORK.

Chairman, Mr. John E. Ransom, superintendent, Michael Reese Dispensary, Chicago.

Secretary. Mr. Clarence Ford, superintendent, Division



LOUIS B. BALDWIN, M.D.,
President-Elect, American Hospital Association, and Superintendent, University Hospital, Minneapolis

of Medical Charities, States Board of Charities, Albany, N. Y.

REPORT OF THE COMMITTEE ON OUT-PATIENT WORK,

by Mr. John E. Ransom, chairman, superintendent, Michael Reese Dispensary, Chicago.

General Discussion.

THE RELATION OF THE OUT-PATIENT DE-PARTMENT TO THE HOSPITAL PROPER,

by Dr. Ralph B. Seem, superintendent, Albert Merritt Billings Memorial Hospital, Chicago.

Discussion.

TRAVELING CLINICS,

by Mr. J. J. Weber, editor, "The Modern Hospital". Discussion.

WEDNESDAY, OCTOBER 6, 10 A. M. General session, large convention hall.

COMMUNITY FUNDS FOR MAINTENANCE AND CAPITAL EXPENDITURES igitized by

by Mr. Pliny O. Clark, superintendent, Presbyterian Hospital, Denver.

Discussion, "Money Obtained from Public Taxation." by Mr. Howell Wright, executive secretary, Cleveland Hospital Council, Cleveland.

Discussion, "Money Obtained Through Private Benefactor," Dr. Frank Clare English, St. Luke's Hospital, Cleveland.

Discussion, "Money Obtained Through Whirlwind Campaigns," by Dr. R. Pevoto, Baptist Hospital, Alexandria, La.

INDUSTRIAL CLINICS IN GENERAL HOS-PITALS,

by Dr. Wade Wright, industrial hygiene department, Harvard Medical School, Cambridge.

Discussion, by Dr. F. A. Washburn, superintendent, Massachusetts General Hospital, Boston.

Discussion, by Dr. Harry E. Mock, Chicago. HOSPITAL OCCUPATIONAL THERAPY,

by Miss Idelle Kidder, director, Missouri Association of Occupational Therapy.

Discussion by Dr. Louis H. Burlingham, superintendent, Barnes Hospital, St. Louis.

WEDNESDAY, OCTOBER 6, 2 P. M. ENTERTAINMENT BY THE LOCAL COM-MITTEE.

WEDNESDAY EVENING, 8 P. M.

Section meeting hall, near registration room. SECTION ON HOSPITAL CONSTRUCTION.

Chairman, Dr. George O'Hanlon, superintendent, Bellevue Hospital, New York.

Secretary, Mr. Oliver N. Bartine, hospital consultant, New York.

DISTRIBUTION OF FOOD IN HOSPITALS AS RELATED TO HOSPITAL CONSTRUCTION.

by Mr. Frank Chapman, superintendent, Mount Sinai Hospital, Cleveland, Ohio.



A. R. WARNER, M.D., Executive Secretary, American Hospital Association

ROUND TABLE DISCUSSION OF HOSPITAL CONSTRUCTION.

WEDNESDAY EVENING, 8 P. M.

Large convention hall

SECTION ON NURSING.

Chairman, Miss E. M. Lawler, superintendent of nurses, Johns Hopkins Hospital, Baltimore.

Secretary, Miss Elizabeth Flaws, superintendent, Wellesley Hospital, Toronto.

AFFILIATION BETWEEN SCHOOLS OF NURS-ING AND UNIVERSITIES.

by Miss Jean I. Gunn, superintendent of nurses, Toronto General Hospital, Toronto.

THE USE OF HOSPITAL HELPERS IN HOS-PITALS.

by Miss Claribel A. Wheeler, superintendent of nurses. Mount Sinai Hospital, Cleveland.

THE PREPARATION OF THE STUDENT NURSE FOR PUBLIC HEALTH NURSING.

by Miss Anne W. Goodrich, director of nurses, Henry Street Settlement, New York.

THE STUDENT NURSE RECRUITING MOVE. MENT.

THURSDAY, OCTOBER 7, 10 A. M.

General session, large convention hall

FUNCTION OF THE SOCIAL SERVICE DE-PARTMENT IN ITS RELATIONSHIP TO ADMIN-ISTRATION OF HOSPITALS AND DISPENSARIES,

by Miss Ida M. Cannon, president, American Assosociation of Hospital Social Workers, director, social service department, Massachusetts General Hospital, Boston.

Discussion, by Dr. Winford H. Smith, superintendent, Johns Hopkins Hospital, Baltimore.

Discussion, by Dr. A. C. Bachmeyer, superintendent, Cincinnati General Hospital.

HOSPITAL STANDARDIZATION IN THE PROV-INCE OF ALBERTA, CANADA,

by Dr. James C. Fyshe, superintendent, Edmonton Hospital Board, Edmonton, Alta.

Discussion, by Mr. John G. Bowman, director, American College of Surgeons.

REPORT OF SOCIAL SERVICE SURVEY,

by Mr. Michael M. Davis, Jr., chairman, director. Boston Dispensary, Boston.

Discussion.

THURSDAY, OCTOBER 7

Beginning, 2 P. M., ending, 12 P. M.

ROUND TABLE

Chairman, Mr. Asa Bacon, superintendent, Presbyterian Hospital, Chicago.

THURSDAY, OCTOBER 7, 2 P. M.

Section hall, near registration room

SECTION ON SOCIAL SERVICE

Chairman, Miss Imogene Poole, director of social service, University of Michigan Hospital, Ann Arbor. Secretary, Miss Alice Rushbrooke, director of social service, Royal Victoria Hospital, Montreal.

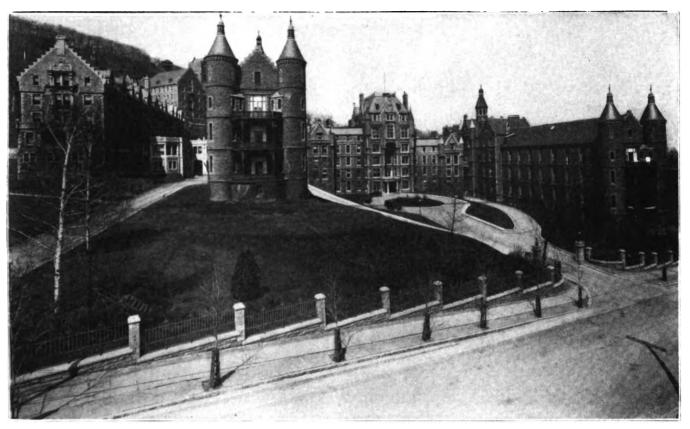
MEDICAL SOCIAL WORK AS A THERAPEUTIC FACTOR,

by Miss Edna G. Henry, director of social service, Indiana University. Indianapolis.

(Continued on Page 86)

America's Oldest Hospital In Montreal

1920 A. H. A. Convention City Quaint Combination of Old World and New World; Half of Citizens Speak French



THE ROYAL VICTORIA HOSPITAL ON THE SLOPE OF MOUNT ROYAL

A delightful combination of Old World with its quaint buildings and customs and the New World with its modern structures and efficiency is to be found in Montreal, which for the first time will entertain a convention of the American Hospital Association, October 4-8. Only once previously have members of the A. H. A. crossed into the Dominion to meet, and that was in 1908, at Toronto.

Of particular interest to hospital executives is the Hotel Dieu, the oldest structure built for hospital purposes on this continent. It was established in 1644, and as at present constituted, has 253 beds. Hotel Dieu de St. Joseph, the full name of the institution, is located on Pine avenue and overlooks Fletcher's Field. The buildings include a chapel flanked on either side by a hospital and a nunnery.

The leading hospitals of Montreal are the Royal Victoria, on Pine avenue, occupying one of the commanding positions in the city, and the Montreal General Hospital on Dorchester street. The huge building of the Royal Victoria, of uncut limestone, cost more than \$1,500,000, exclusive of the site, and was made possible through the generosity of Lord Strathcona and Lord Mount-Stephen. A memorial pavilion donated by J. K. L. Ross in 1916 it attached to the Royal Victoria, and offers modern accommodations for private patients.

The Royal Victoria, which was established in 1894, has 400 beds. Its superintendent is Mr. H. E. Webster, who

is chairman of the Montreal committee in charge of the convention. The Montreal General Hospital has 400 beds and is the second oldest hospital of the city, having been founded in 1821. A. K. Haywood, M. D., is superintendent.

Other hospitals of Montreal include:
Alexandra Hospital, contagious cases, 140 beds.
Catholic Maternity Hospital, 325 beds.
Children's Memorial Hospital, 100 beds.
Creche de la Misericorde, 130 beds.
Hospital Ste. Justine, children's, 80 beds.
Montreal Foundling and Baby Hospital, 80 beds.
Notre Dame Hospital, 140 beds.
St. Benoit-Joseph Asylum, nervous and mental, 125

St. Benoit-Joseph Asylum, nervous and mental, 125 beds.

St. Paul Hospital, contagious cases, 131 beds. Western Hospital, general, 100 beds.

NAMED FROM MOUNT ROYAL

More than half the citizens of Montreal speak French and the eastern quarters of the city, particularly, are suggestive of French communities. Although Montreal is the commercial and financial metropolis of Canada and is rapidly growing as a business center, its many buildings erected in the days of the old aristocratic French regime still stand as reminders of the age and past greatness of the city.

Montreal has a population of about 750,000. It is located at the foot of Mount Royal, from which it was

named, on an island in the St. Lawrence river, about 700 miles from the estuary. The city is built on the site of the old Indian village of Hochelaga, and was first visited by Jacques Cartier in 1535. It was the last section of French Canada to pass into the possession of Great Britain.

Montreal was not founded until more than a century after Jacques Cartier's visit. The religious community

a replica of St. Peter's, Rome, in Dominion Square; Notre Dame de Bonescours; Notre Dame de Lourdes; St. Louis de France, and the Church of the Jesuits. Notre Dame de Bonescours is the oldest church in Montreal, and it contains many quaint models of ships made and presented by sailors.

The more important Protestant churches are: Christ Church, Anglican Cathedral, the Erskine Presbyterian

ONE OF MONTREAL'S UP-TO-DATE INSTITUTIONS IS THE MATERNITY HOSPITAL WHICH WILL HELP WELCOME A. H. A. VISITORS



of Ville-Marie, established on behalf of the Montreal Company, fondly hoped that the settlement would become "a Kingdom of God in the New World," and to this day the city has lost little of its religious atmosphere.

Its advantages from a navigation standpoint made it an important fur trading post more than 250 years ago. Montreal has seven miles of wharves, and vast warehouses and grain elevators and the largest floating dry dock in the world. Transatlantic steamers call regularly from ports in Europe during the season of navigation.

On every hand, however, are signs of the eventful past of the city, cathedral, church, convent and college mingling with skyscraper, hotel, store and residence.

Points of historical interest include the Place d'Armes, the Champ de Mars, the Bonsecours Market and the warehouse in Vaudreuil Lane where John Jacob Astor laid the foundation of his fortune.

PICTURESQUE OLD BUILDING

The Chateau de Ramezay, a picturesque old building, constructed in 1705, contains a museum and many memorials of early Montreal. It was the scene of numerous historical assemblies during the French control until 1745, when it passed into the hands of the Compagnie des Indes and became the center of the fur trade. In 1763 it again became the governor's residence (British by this time) and remained so for a hundred years, with the interval of 1775-6, when it was headquarters for the Continental Congress. Here Benjamin Franklin tried to persuade the Canadians to forsake the British flag, and the printing press he brought with him is still preserved in the city.

Chief among the sanctuaries is Notre Dame church, one of the most magnificent ecclesiastical structures in America. A splendid example of Gothic, its twin towers rise 227 feet. A wonderful chime of eleven bells summon the worshippers, one of the bells weighing twelve tons. This church has a seating capacity of 10,000 and is modeled after Notre Dame church, Paris.

Other famous Catholic edifices are: St. James Cathedral,

Church, the First Baptist Church, and the St. James Methodist Church.

Montreal's most famous colleges are McGill University, founded in 1811, and Laval, now known as the University of Montreal.

SUGGESTS PARIS SUBURB

The environs of Montreal are very beautiful—St. Hilaire, Sault au Récollet, Laprairie and Lachine. Lachine is vivid in its suggestions of one of the suburbs of Paris. The parish church, the convent with its high-walled garden, the mansard roofs here and there, the "boutiques" and their windows, are responsible for the illusion. There are at Lachine many things to remind the visitor of the historical association of the outpost granted by the Sulpician Fathers—feudal lords of Ville Marie—to the adventurous La Salle. Its very name satirically commemorates the explorer's obsession—a passage across the continent to China.

At the western extremity of the island of Montreal is the picturesque village of Ste. Anne de Bellevue, and close at hand the ruins of three castles, built to defend the island from invading Iroquois, and a circular stone watch tower. It is this village which Thomas Moore immortalized in his "Canadian Boat Song" with its refrain:

"The rapids are near and the daylight's past."

Moore's house is now the local branch of the Bank of Montreal, but the chief attraction of Ste. Anne's is the splendid group of buildings known as Macdonald College, built at a cost of \$7,000,000 to provide young Canadian men and women with education in agriculture, domestic science and the theory of teaching.

All the rivers hereabouts are full of rapids, but those of Lachine—briefest but most violent—enjoy the highest renown, and "shooting the rapids" on a safe pleasure steamer is a thrill not to be missed.

No visitor to Montreal should forego a visit to the mountain, which can be reached by incline railway, foot.

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or conveyance. From its summit one is able to obtain a magnificent view of the city and surrounding country.

According to Chairman Webster, of the Montreal committee, reservations for hotel reservations have been coming in in great numbers, but assurance is given that every one will be taken care of. Since a large proportion of the hotel rooms in Montreal are double rooms it is requested that wherever possible two persons take such a room. The following hotels have announced rates, and persons desiring accommodations may either communicate direct or write to Mr. Webster:

Windsor Hotel (Convention Headquarters): Europear plan. Single room with bath, \$4 up; double room with bath, \$5.50 up; without bath, single room, \$3.50 up; double room, \$4 up.

Ritz-Carlton Hotel: European plan, four blocks from Windsor Hotel. Single room with bath, \$7 per day up double room with bath, \$10 per day up.

LaCorona Hotel: European plan, six blocks from Windsor Hotel. Single room with bath, \$3.50 per day up; without bath, \$2.50 per day up; double room' with bath, \$7 per day up; without bath, \$5 per day up.

Canadian Pacific Railway Hotel: European plan, 1½ miles from Windsor Hotel, direct car line. Single room with bath, \$4 per day up; without bath, \$2.50 per day up double room with bath, \$7 per day up; without bath, \$5 per day up.

Hotel Wilhelmina: Four blocks from Windsor Hotel American plan: Single room with bath \$7 per day up without bath, \$4 per day up; double room with bath \$10 per day up; without bath, \$7 per day up. Europear p'an: Single room with bath, \$4 per day up; without bath, \$2 per day up; double room with bath, \$5 per day up; without bath, \$4 per day up.

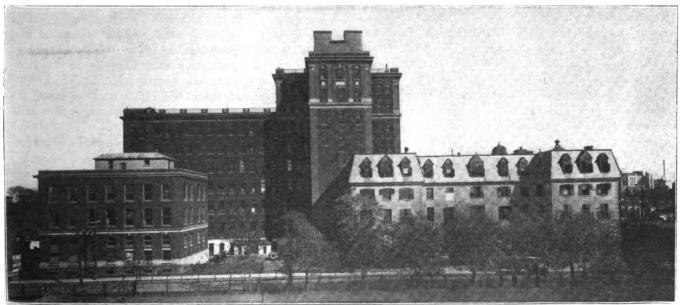
The Queen's Hotel: Two blocks from Windsor Hotel. American plan: Single room with bath \$7 per day up; without bath, \$6 per day up; double room with bath. \$14 per day up; without bath, \$12 per day up. European plan: Single room with bath, \$4.50 per day up; without bath, \$3.50 per day up; double room with bath. \$9 per day up; without bath, \$7 per day up.

Freeman's Hotel: European plan, three-quarters of a mile from Windsor Hotel, direct car line. Single room with bath, \$4 per day up; without bath, \$2.50 per day up; without bath, \$5 per day up.



PLACE D'ARMES, MONTREAL

A number of hospital executives who will go to Montreal by way of Chicago have arranged for special cars over the Canadian Pacific Railroad, leaving Sunday, October 3, at 5:40 p. m., central standard time.



50 Experts for the A. H. A. Round Table

Advisory Committee to Supplement Popular Convention Feature Conducted by Mr. A. S. Bacon; Questions Are Invited

The popularity of the Round Table discussions at American Hospital Association conventions of recent years is attested to by the fact that the program for the 1920 meeting allots ten hours to this feature. Mr. Asa S. Bacon, superintendent of the Presbyterian Hospital, Chicago, treasurer of the A. H. A., who has conducted the Round Table since its inception and who will be in the chair again at Montreal has been notified that the Round Table will go into session Thursday of convention week at 2 p. m. and continue until midnight.

Mr. Bacon some time ago began correspondence with fifty leading superintendents in all parts of the country inviting them to submit questions for discussion and to come to the convention and lead the remarks about their particular problem. Practically every man and woman appealed to indicated that he or she would be present and co-operate with the chairman in making the Round Table a success.

ADVISORY COMMITTEE NAMED.

On account of the length of time the Round Table will be in session Mr. Bacon has arranged for several other superintendents to relieve him in the chair from time to time. It is the intention of officers of the American Hospital Association to give every visitor the benefit of the experience of the leaders at the Round Table conference and they are anxious that every inquirer obtain all the information and assistance desired. To this end an advisory committee has been appointed which will be in session the day after the Round Table discussion in order to answer questions and give information.

This advisory committee, besides Mr. Bacon, includes: Mr. Frank E. Chapman, Mt. Sinai Hospital, Cleveland, O.

Sister M. Genevieve, St. Elizabeth Hospital, Youngstown, O.

Dr. Harry J. Moss, Brownsville and East New York Hospital, Brooklyn.

Dr. John M. Peters, Rhode Island Hospital, Providence. Mr. Pliny O. Clark, Presbyterian Hospital, Denver. Dr. M. T. MacEachern, Vancouver General Hospital, Vancouver, B. C.

Dr. A. K. Haywood. Montreal General Hospital, Montreal.

Mr. Daniel D. Test, Pennsylvania Hospital, Philadelphia.

Dr. W. L. Babcock, Grace Hospital, Detroit.

Dr. Frederick A. Washburn, Massachusetts General Hospital, Boston.

Miss Margaret Rogers, Jewish Hospital, St. Louis.

Mr. Bacon requests all who want to have questions discussed to forward their questions to him so he may list them for the Round Table session.

The Round Table, according to Mr. Bacon, not only will afford every member of the Association a chance to put his problem before the conference, but will also give all in attendance a chance to become acquainted



MR. ASA S. BACON,
Treasurer, American Hospital Association, and Superintendent,
Presbyterian Hospital, Chicago, Who Will Conduct
Round Table at A. H. A. Convention

with one another. There will be no papers or lengthy discussions.

QUESTIONS SUBMITTED.

Some of the questions which have been sent to Mr. Bacon to be discussed at the Round Table include:

Should a hospital be managed so as to avoid a deficit?

To what extent should a hospital do free work?

What are the advantages and disadvantages of a hospital cafeteria?

What should be the attitude of the hospital toward the press?

What would you suggest to create good impressions in the mind of the patient upon his entrance into a hospital?

How may the nursing force of a hospital create a sense of guestship in the minds of patients?

What are the advantages of a system in bookkeeping which will show the expense and income of every department of the hospital?

Should a hospital make a charge for laboratory service?

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To what extent should there be supervision of the ordering of special food for patients?

Should a patient be sued for non-payment of a hospital account?

How best to communicate to private patients the rates and terms of payment; also the rules regarding visitors, etc. Shall we send them a card? If so, when?

How many women superintendents are present at the business and executive meetings of their "Boards"? Is their attendance desirable or not?

ABOUT RESEARCH WORK

How far should the average hospital attempt to pursue research work?

Should a hospital encourage autopsy work? How do you obtain permits from friends or relatives?

Should hospitals operating at a considerable loss buy staple supplies, i. e. sugar, flour, canned goods, gauze and linen, for future delivery, or say a year's supply in advance, or live a sort of hand-to-mouth existence for the next year?

How can a small rural hospital develop a health center?

What is the responsibility of the hospital in meeting the demand for nurses?

Should a nurses' home have direct connection with the hospital or be remote?

Is there ever any advantage in having the dietitian subservient to the superintendent of nurses?

Are distilled liquors at all necessary in the proper conduction of a hospital? Is it possible to prevent petty thefts of alcohol by employes?

How do you distribute alcohol in order to keep account of the daily consumption? This state (Oklahoma) requires it.

In the disposal of waste, what part should incineration play? Which is preferable, a central incinerating plant, or individual incinerators, say for each floor or wing?

Would the interests of the public be best served, when a member of the medical staff of a hospital also is an active member of the board of directors?

What is the advantage of a monthly or quarterly hospital bulletin? Should it be made up of hospital events or strictly medical? What is the expense?

Time allowed for vacations for different employes? Time allowed for sickness?

Business women as executives of hospitals? How may "quiet zone" be obtained around large city hospitals?

What method of procedure has been found to work best in the affiliation of smaller with larger hospitals, as regards the training of nurses?

What are the many forms of "division of fees"? Are all forms bad?

How much clerical help should a hospital of 100 beds, with an average of 67 to 70 patients, keep; or how many can it afford to keep?

What, if any, difficulty does a hospital of this size have in securing diagnosis and history from physicians?

Method of keeping a complete and satisfactory history. Who takes them, with no intern?

What are the salaries in the nursing department? Director? Assistant? Night supervisor? Operating room? Wards? Matron of nurses' home? Dietitian?

How are we to get a sufficient number of student

nurses in small training schools?

What should be the attitude of the hospital superintendent toward nursing education?

How can we secure pupil nurses for our training schools?

Should the educational standards for entrance be lowered?

Should not hospital employes, particularly graduate nurses, be given increase in salary proportionate to the increased cost of living? How should this increase in operating expenses of hospitals be met?

Do you feel that training schools for "practical nurses" should ever be established to meet the increasing shortage of pupil nurses, and that these shall be employed when possible in hospitals?

What sized rooms do you think best in a general hospital of 200 beds? Give the smallest size, the medium size and the largest size.

How many rooms with bath would you have?

Would you have all rooms connecting, that is, doors between each room?

Would you have windows coming down to the floor, or ordinary windows?

Would you have running water, hot and cold, in each room?

Would you have the door fastening, that is, doors that can be locked or doors that swing free all the time?

How can we avoid the use of squeaky chairs in private rooms?

What is the experience with electricity for heating and cooking?

Do you believe that a 200-room hospital, conducted on an up-to-date line, by experienced hospital people, would pay a fair rate of interest on the investment? If not, why not?

How should we purchase and take care of mattresses and pillows? Are we careful enough in the selection?

Do you believe that a post-graduate school, with an operating amphitheatre, the same connected with a wing of the hospital, with all patients sent into the hospital, the operating room and pavilion of amphitheatre being conducted by the hospital superintendent, he furnishing the operating room force, etc., where patients would pay the regular hospital fee, but a nominal fee for operation, would be of benefit to a hospital, especially if no physician or surgeon was on the staff of the operating room, amphitheatre or clinic who was not interested in the hospital?

Should the hospital annual report contain a detailed statistical statement of medical work done, diagnosis, etc?

How are we to secure and keep our interns satisfied? What should their duties be?

How much brown soap, soda, soap powder, green soap and laundry soap should be used per bed per year? What is a fair price per bed per day?

Alberta Association to Meet

The second annual convention of the Alberta Hospital Association will be held in Calgary at the Al Azhar Temple, October 21 and 22, in conjunction with the meeting of the Alberta Association of Graduate Nurses. Dr. James C. Fyshe, superintendent, Royal Alexandra Hospital, Edmonton, is secretary-treasurer of the Association.

Bachmeyer Boomed for Vice-President

Superintendent of Cincinnati General Hospital Suggested for A. H. A. Post; Minneapolis Wants 1921 Meeting

Dr. Bachmeyer, who is one of the most successful and efficient hospital executives in the country, is being suggested by his friends for the post of vice-president of the American Hospital Association, whose convention in Montreal is to take place October 4-8. Though one of the younger superintendents among those in charge of the large institutions of the country, Dr. Bachmeyer has made good in every way. He combines the knowledge of the medical man with the executive ability of the trained administrator, a combination which has proved



DR. ARTHUR C. BACHMEYER,
Superintendent of the Cincinnati General Hospital, Who is
Being Urged for Vice-President of the American
Hospital Association

unusually successful.

Dr. Bachmeyer is thirty-four years old, and graduated from the medical department of the University of Cincinnati in 1911. He obtained a leave of absence from the Cincinnati General to enter war service, and made a fine record as a base hospital administrator. He held the rank of major during his war service. At the convention of the association in Cincinnati that year, he was in charge of the local arrangements, and handled the convention in excellent style. He is a leader in the work of the Ohio Hospital Association, and is likewise active in public health matters. His selection would undoubtedly prove universally popular with hospital people.

Dr. L. B. Baldwin, superintendent of the University Hospital, Minneapolis, was made president-elect at the Cincinnati convention, and will serve as president for 1920-1921. In view of the fact that he will preside at the 1921 convention, Minneapolis is being seriously con-

sidered as the place of the next convention. The Minneapolis delegation, supported by their friends from St. Paul, will go to Montreal primed to land the next gathering of the American Hospital Association for their city.

Dr. Walter E. List, superintendent of the Minneapolis General Hospital, who is one of the leaders in the efforts to bring the next convention to the Minnesota city, says in support of the campaign:

"Minneapolis requests consideration for the convention of the American Hospital Association to be held during the year 1921. The following reasons are advanced for this desire:

- "1. The convention would do much to help the hospital situation in this community.
 - "2. Adequate hotel facilities.
 - "3. Adequate space for exhibit.
 - "4. A beautiful city.
- "5. The home of the president-elect, Dr. L. B. Baldwin.
- "6. A Western city is entitled to consideration for next year."

Another entrant in the field, also from the Northwest, is Milwaukee. At its organization meeting in Milwaukee. September 16 and 17, the Wisconsin Hospital Association indicated a desire to entertain the convention, and authorized its trustees to submit an invitation. It is indicated that the entire Wisconsin delegation to the convention will prepare to push the claims of Milwaukee for consideration.

It is believed that H. E. Webster, superintendent of the Royal Victoria Hospital of Montreal, who is now vicepresident of the association, will be named for presidentelect, thus paying a handsome compliment to the Canadian hosts of this year's convention.

Dietetic Course for Students

The Michael Reese Hospital Training School for Dietitians, Chicago, has established a course of study for graduates of home economics departments of colleges, covering a period of six months and consisting of practical training in special diets, administrative hospital problems, research and social service training. This course was planned to meet the increased demand for expert dietitians and will fit students for management of hospital dietary departments, the promotion of public health through Red Cross food demonstrations, infant nutrition, social service dietetics and commercial dietetics.

Confer on Compensation

At a meeting of the executive committee of the Connecticut Hospital Association at Hartford, August 10, Dr. H. G. Hersey, Dr. George A. MacIvor and Mr. F. Leon Hutchins were appointed on behalf of the hospitals to confer with the representatives of insurance companies on rates for compensation cases. The executive committee also took steps to discuss legislation needed by hospitals and appointed a legislative committee to take this matter in charge.

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Wisconsin Association Is Organized

Hospitals of Badger State Affiliate as Section of A. H. A.; Rev. H. L. Fritschel Is First President

The Wisconsin Hospital Association was organized at a convention in Milwaukee, September 16 and 17. A strong list of officers and trustees, headed by Rev. H. L. Fritschel, superintendent of Milwaukee Hospital, was



REV. H. L. FRITSCHEL, Superintendent, Milwaukee Hospital, President, Wisconsin Hospital Association.

chosen, and the organization started on its way under unusually favorable auspices.

The association decided to affiliate as a section of the American Hospital Association, following the invitation of Dr. A. R. Warner, executive secretary, who was present and outlined the plan. Another important action was to undertake work with reference to payments to hospitals for handling industrial cases under the workmen's compensation law, with the object of obtaining cost for this service.

The registration exceeded 150, and the attendance was unexpected!y large. The dinner at the Hotel Pfister was attended by over 250, and was one of the big features of the convention. There was a commercial exhibit, which was extremely creditable and interesting.

The full list of officers chosen, in addition to the Rev. Fritschel, included H. K. Thurston, Madison General Hospital, first vice-president; Miss Johanna Mutchmann, Lutheran Hospital, La Crosse, second vice-president; Dr. C. W. Munger, Columbia Hospital, Milwaukee, treasurer; trustees, for one year, Miss Amalia O'son, Luther Hospital, Eau Claire; two years, Edward Freschel, trustee Mt. Sinai Hospital, Milwaukee; three years, Dr. J. Bellen, staff of the Deaconess Hospital, Milwaukee: four

years, Dr. Sydney M. Smith, president of Hanover Hospital, Milwaukee; five years, Dr. J. W. Coon, River Pines Sanatorium. Stevens Point.

The executive secretary will be selected shortly by the board of trustees, as will the time and place of the 1921 gathering. Milwaukee is after the next convention of the American Hospital Association, and the Wisconsin dates will doubtless be selected with this factor in mind.

Dr. Smith was the temporary presiding officer. Following an invocation and address of welcome, Dr. Warner's address regarding state association affiliation with the A. H. A. was presented. Dr. Munger read the proposed constitution and by-laws which were adopted without change, except that provisions for institutional membership, similar to those in the constitution of the A. H. A., were included.

Rev. Fritschel took the chair at the afternoon meeting following the election of officers. Dr. J. F. Bresnahan, of the American College of Surgeons, gave a vigorous talk, in which he said that standardization, or hospital improvement, is being "sold" to the hospitals through the personal work of field representatives, and that the hospitals are not under compulsion, but are adopting the minimum standard voluntarily. Practically all of the 100-bed general hospitals have adopted the idea, he said, and next year the campaign will be extended to 50-bed institutions. He described the monthly analysis sheet



C. W. MUNGER, M. D., Superintendent, Columbia Hospital, Milwaukee, Treasurer, Wisconsin Hospital Association.

which is recommended for general use and for review at the staff meetings, which are an essential part of the standardization plan, and pointed out its value to superin-

(Continued on page 94) by

Sanatoria Slow to Meet Standards

Apathy Marks Movement Says Report on Illinois Institutions Read at Mississipp Valley Sanatorium Association Meeting

By Eugene B. Pierce, M. D., Medical Superintendent, Michigan Sanatorium, Howell, Mich.

Occupational therapy in the treatment of tuberculosis and the progress of the movement for standardization of sanatoria were among the principal topics discussed at the annual meeting of the Mississippi Valley Sanatorium Association at Nopeming, Minn., September 2, 3 and 4. Robinson Bosworth, M. D., of the Minnesota advisory commission, St. Paul, and president of the Association, presided.

The discussion of sanatorium management, emphasized the importance of rest in the treatment of tuberculosis, laying stress upon mental as well as physical rest and the ability to obtain these through vocational therapy, the necessity of firmness with impartial justice on the part of the management and, lastly, assurance of the patient that after the sanatorium there would be a place for him and his family in the tuberculosis colony.

In his paper on "Rest and Exercise in the Treatment of Tuberculosis," Dr. G. L. Bellis, Superintendent, Muirdale Sanatorium, Wauwatosa, Wis., said, "I would recommend to your careful consideration:

"First, the inauguration of full rest in bed for all cases immediately upon admission to the sanatorium.

"Second, the promotion of therapeutic rest with the aid. of occupational therapy.

"Third, gradual promotion from full rest to the daily program of rest and exercise hours for convalescents, the exercise to be of an industrial and recreative nature.

"Fourth, graduated physical exercise and vocational training best accomplished outside the sanatorium in convalescent camps."

OUTLINES DAILY PROGRAM

Discussing a "Daily Program for Sanatorium Patients," Dr. William P. Brown, Ohio State Sanatorium, Mt. Vernon, called attention to the necessity for each institution's adopting such a program and proposed the following for incipient cases suffering from active disease:

First summons, 6:30 A. M.

Breakfast, 7:15 to 7:45 A. M.

Daily chores at cottage, 8:00 A. M.

Temperature, 8:15 A. M.

Rest for active cases, 8:30 to 12:00 M.

Rest for inactive cases, 9:30 to 11:00 A. M.

Exercise for inactive cases, 8.30 A. M. For allotted time.

Dinner, 12:30 to 1:00 P. M.

Rest for active cases, 1:30 to 5:30 P. M.

Rest for inactive cases, 2:00 to 4:00 P. M.

Exercise for inactive cases, 5:00 to 6:00 P. M. For allotted time.

Supper, 6:00 to 6:30 P. M.

Active cases in bed, 7:30 P. M.

Inactive cases in bed, 9:00 P. M.

Lights out, 9:00 and 9:30 P. M.

Dr. Brown also brought out the point that patients asked to do actual work for the institution should be given some financial return.

Dr. J. W. Pettit, Ottawa Tuberculosis Colony, Ottawa, Ill., gave suggestions as to "The Handling of the Refractory Patients" with pertinent illustrations from his own experience. Dr. Pettit first called attention to the fact that each institution has its own atmosphere; which is dependent upon the character and temperament of the superintendent. One manager may be able to conduct his institution with few rules and another must have rules for everything. No rule should ever be made without much consideration as to its necessity and practicability, and when made should be enforced with firmness and uniformity.

Above all things, Dr. Pettit said, the superintendent should keep his temper, bearing in mind that the first consideration of any institution must be the welfare of the patient.

In his paper on "Industrial Colony for Sanatorium Ex-patients," Dr. P. M. Hall, Superintendent Minnesota State Sanatorium, Minn., opened the discussion by saying, "The best sanatorium treatment of today comprises a careful selection of cases for admission, thorough education in the best methods of taking the cure, the use of any or all of the approved auxiliary aids for furthering an arrest of the disease, and dismissal of the patient in six months with the disease apparently arrested. quiescent, improved or unimproved, to resume again some place in the world.

EX-PATIENTS ARE EFFICIENT

"Sociologically we can not expect to isolate the discharged tuberculous nor should we discourage the preservation of the family unit.

"The tuberculous have an economic value. No well informed person will dispute this statement. The sanatoria throughout the country have many ex-patients among their employes. The percentage of these at the Minnesota State Sanatorium is as high as 50 percent, at the present time. Many physicians, themselves ex-patients, are engaged in special tuberculosis work. Many of these ex-patients are 100 percent efficient. They are not only 100 percent efficient, but have been for years."

"The development of occupational therapy in connection with sanatorium care and treatment has not only proven an excellent thing from the standpoint of the amusement and diversion of the patients, but has pointed the easy steps to the next milestone of progress—vocational training," continued Dr. Hall. "It means the perfectly natural progress from treatment to training. How better can this be done than in a medically supervised industrial colony, with conditions and hours of labor fixed to suit the physical capabilities of the employed? Such a colony should include the families and need not jeopardize their health nor that of the community.

"The development of the industrial colony and the restoration of the family unit will tend to the preserva-

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VISITORS AT THE MISSISSIPPI VALLEY SANATORIUM ASSOCIATION CONVENTION

tion and re-establishment of normal human tendencies and standards.

"The colony would also offer the opportunity for a man to change over his occupation from an unhealthful one to one better suited to his changed physical condition."

Such colonles, added the speaker, successful and in operation at the present are located at Santol Tuberculosis Colony, Manila, P. I., and at Papworth, Cambridgeshire, England.

REPORT ON SANATORIA

The paper on "Sanatorium Standardization" prepared by Drs. George T. Palmer and W. H. Watterson of Illinois and read by Dr. Watterson, was of intense interest. It was a report based on the examination of the sanatoria of Illinois, according to the standards which have been under discussion for nearly three years by the American Sanatorium Association and which undoubtedly will be used at an early date to grade all the sanatoria in the country.

The report told of the necessity of doing something to bring some of the larger and most of the smaller institutions up to the mark. It noted a lamentable apathy on the part of boards of control and many superintendents regarding conditions at their own institutions, and while adverse reports are not pleasant, they may be necessary to bring about beneficial changes.

The report presented in this paper was of a preliminary examination. Another inspection will be made later and the grading of the different institutions published.

A luncheon was provided for the seventy-five men and women present at the convention by the Nopeming Sanatorium.

Officers for the ensuing year were elected as follows: President, W. P. Brown, M. D., Mt. Vernon, Ohio; vice-president, G. R. Ernst, M. D., Wisconsin; secretarytreasurer, E. B. Pierce, M. D., Howell, Mich.

Tuberculosis Conference Meets

The eighth annual session of the Mississippi Valley Conference on Tuberculosis held at Duluth, Minnesota, September 2, 3 and 4, 1920, was a noteworthy one in several respects. The cool, bracing air of the convention city seemed to put vim into the proceedings. The attendance was very satisfactory, the total enrollment being 335. Outstanding features were Dr. D. A. Stewart's inspiring address on the "Care and Supervision of Tuberculosis Patients" before the general session of the conference on the opening day, the well attended clinics conducted by widely known specialists, the capture by the State of Iowa of most of the banners and the silver cup awarded in the Modern Health Crusade conducted by the National Tuberculosis Association in which over 6,000,000 school children are enrolled.

There were some very fruitful discussions in the well attended sessions of the nurses' section. The training of tuberculosis nurses and the securing of additional recruits were among the urgent problems discussed.

A feature of the closing day of the conference was a resumé of the work of each session by the chairman for the benefit of those who were unable to be present at all the meetings.

The social program included an excursion to the iron mines at Hibbing.

The following officers were elected:

President, Dr. Walter McNab Miller, St. Louis; vicepresident, Dr. E. B. Pierce, Howell, Mich.; secretarytreasurer, Mr. Harry Roulfs, Columbus, O.

Members of the Central Council, Dr. John H. Peck, Iowa; Dr. A. T. Laird, Minnesota; Mr. Harry Roulfs. Ohio; Dr. Alfred Henry, Indiana; Mrs. Margaret H. Walters, Wisconsin; Mrs. H. H. Holdridge, South Dakota; Dr. E. B. Pierce, Michigan; Dr. Walter McNab Miller, Missouri; Miss Alice Marshall, Nebraska; Dr. W. M. Hartman, Illinois.

The meeting place selected for the next conference is Cedar Point, O.

Hospital Owns Entire Block

St. Edward's Hospital, of New Albany. Ind., has acquired additional property adjoining the institution and now owns the entire city block on which the building is located.

New Pay Rate for Hospital Employes

Adjustment Based on 1916 Scale Proves Highly Successful At Los Angeles County Hospital Since Introduction in July

By Norman R. Martin, Superintendent, Los Angeles County Hospital, Los Angeles, Calif.

[EDITOR'S NOTE: Adjustment of salaries of hospital employes and housing and recreation facilities for nurses are among the biggest problems confronting superintendents. In the accompanying article Mr. Martin tells of an adjustment of salaries recently put into effect at Los Angeles County Hospital which has been very successful and also how conditions relating to student nurses have been improved. The accomplishments of Los Angeles County Hospital along these lines are of interest and undoubtedly will carry practical suggestions to many other institutions.]

Effective July 1 the Los Angeles County Department of Charities which controls among other institutions the Los Angeles County Hospital and Olive View Sanatorium, placed in effect a salary scale that we feel represents a fairly adequate compensation for hospital employes and which should have a steadying effect upon hospital personnel.

The schedule of adjustments was prepared and adopted after an exhaustive study by the County Civil Service Commission and Bureau of Efficiency, assisted by a special committee of five heads of departments of the county government, of which the writer was a member.

In order to consider an increase based on the high cost of living as well as on the service rendered, we felt it necessary to and did base our calculations upon a salary schedule as applied to some 3,000 employes of the county in 1916. Assuming that at that time a normal individual with a small family received approximately \$100 per month, we established arbitrarily that in 1920 the same individual should receive a minimum of \$150. In graduations of \$5 per month in salary, we determined the rate of increase at two per cent greater for each \$5 drop, with a result that at \$50 per month the individual was entitled to a 78 per cent increase over the 1916 figure, or a minimum of \$85 per month.

As salaries increased each \$5 the ratio of increase was diminished by one per cent up to approximately \$200 per month, where it was dropped to 30 per cent; at a little higher figure it was dropped to 25 per cent. A number of the hospital employes were increased a little greater than the average percentage, on account of their having been more underpaid in the past. After these figures were arrived at, we compare data which had been gathered from private employments and found that they compared very favorably indeed.

SCHEDULE IS SATISFACTORY

After eight weeks of trial (which is too short to determine results definitely) we find that the employes are quite well satisfied.

One advantage in basing our calculations on the 1920 schedule, four years ago, was that automatically many individual adjustments which had been made in salaries and wages for particular classes of employment during that four years, adjusted themselves.

So far as graduate nurses are concerned, they are

notoriously underpaid in my opinion, and although a nurse who enters training ordinarily continues in the work, from a sense of the obligations of service, such persons nevertheless have financial and home responsibilities which should demand proper remuneration for their services, the same as workers in every other line of employment. I fail to see how we can expect any material increase in the number of young women going into training if at the end of three years they see no more financial reward than that available now in most places and particularly in institutions.

NURSING DEPARTMENT SCALE

The salary ordinance of the Los Angeles County Hospital contemplates a minimum of \$5 increase the second year and again the third year of service in all positions within the nursing department. The salaries of the officials of that department range from \$200 a month to \$130 per month, all including full maintenance. Supervising nurses receive \$115 the first year; head nurses, \$105; general-duty nurses, \$95; and practical nurses, \$75 per month, all with full maintenance. Student nurses receive \$20 per month the first year; \$25 per month the second year and \$30 the third year, with maintenance, uniforms, text-books and thermometers. Post-graduates have the same allowance as senior students, but uniforms are not furnished. Orderlies and women attendants receive from \$50 to \$75 per month with full maintenance.

Wardmaids are employed to do the bulk of the socalled household duties of the ward, including scrubbing.

A new nurses' home has just been completed, costing \$250,000, built on the cottage plan. The buildings are located within the hospital grounds, but are separated from the hospital buildings and entirely away from the hospital atmosphere. There the nurses may enjoy freedom from restraint and every comfort necessary to their well-being. The home comprises twelve cottages, with ample light, sun and ventilation, together with large sleeping porches. Half of the rooms are single and the other half double, with two windows. All the cottages are new. Each room contains wash basin, with hot and cold running water; electric lights; steam radiator; low reading light and ceiling ventilator; a large clothes closet and smaller package closet for each occupant. There is a transom over each door for cross-ventilation. One tub, one shower bath and one toilet are provided for each six persons. There is a laundry tray, an ironing board, telephone and linen closet for each cottage.

The recreation building contains one large reception room, four small reception rooms, office and house matrons' quarters. There is also a kitchenette where nurses may prepare light lunches, candy, etc., for themselves and their guests when off duty. A reasonable amount of supplies may be secured from the hospital for this purpose. Callers may be received in the reception rooms of the home, and visitors may be invited to meals within a reasonable limit by advance arrangement.

(Continued on Page 92)

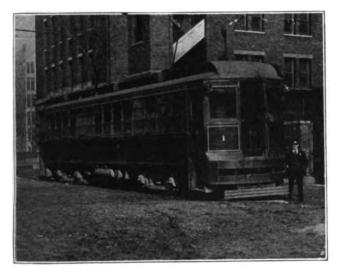
Screens Mental Patients from Curious

Special Car Used by Cook County Institution to Protect Defectives from Public Gaze While en route to State Hospital

By Zoe Hartman.

In the days of good Queen Bess, or thereabouts, bored people, having no three-ringed circus and no three-reel movie to assuage their yawns, amused themselves with the antics of mental defectives—"naturals," as these unfortunates were called. It was legitimate sport. Since then, we have toiled a few rungs up the ladder of civilization. The twentieth century is willing to admit that the mind-sick have certain rights that are entitled to respect.

The Cook County Psychopathic Hospital, in Chicago, is founded on the doctrine of the square deal for the



AWAITING PASSENGERS AT HOSPITAL

mental defective. Aside from the principle that society is entitled to protection from him and that he is entitled to protection from himself, the institution is conducted on the theory that he is entitled to skilled treatment the minute the first symptoms of the disease appear, also to protection from the morbid curiosity of sensation mongers to whom disease and suffering represents a sideshow staged for their especial benefit.

We still have a number of bored Elizabethans among us, clamoring to be amused. So when the late Judge Thomas F. Scully became judge of the Cook County court about six years ago, he stopped the sight-seeing tours of inquisitive visitors through the hospital wards, admitting only those who came to see friends or relatives. He further abolished all public hearings of mental cases and had the big courtroom at the hospital cut in two with a partition, removing the benches and using the inner half as the courtroom proper, where one case is heard at a time, while the other half serves as a waiting room for witnesses in other cases. Thus the idle spectator is completely eliminated.

Thanks to Judge Scully's innovations, the county judge's platform and high throne are gone, and His Honor now sits at a table facing the patient across another table, surrounded by the attaches and clerk of

the court, members of the hospital staff, the superintendent, and the commission of alienists that forms the jury. The friends and relatives of the patient are heard first and dismissed, to avoid meeting the patient and creating a painful scene. Then the patient himself is brought in from a private room adjoining the courtroom, whose door is attended by a white-uniformed nurse. As he has already undergone a thorough mental and physical examination during the period the hospital authorities have had him under observation, the court examination is brief, the judge's questions are kindly and the whole hearing is not much more formidable than an interview in the family physician's private office.

It was Judge Scully's aim to banish all unnecessary formality and austerity in the proceedings, so that the patient will not feel that he is being punished, but that he is being treated with sympathy and understanding. It was with the same idea in view that the late jurist at his own expense hung the day wards with attractive pictures, placed a victrola in each ward, and kept them well supplied with games, books and magazines.

COMMISSION OF ALIENISTS.

Another welcome innovation was his substitution of a commission of alienists for the time honored jury of laymen. He believed that no layman is qualified to find that mysterious line which divides sanity from insanity and sometimes eludes even the careful observation of experts. In passing upon the patient's sanity, the commission is assisted by the superintendent of the hospital, himself an eminent psychiatrist, and the members of the staff.

After the patient is committed to one of Illinois' three hospitals for the insane, he makes the trip in the hospital car, probably the only one of its kind in the world, especially built for the psychopathic hospital by the Chicago street railway company. Its need may be better realized when we consider the large number of patients



INTERIOR OF HOSPITAL CAR Digitized by GOOSE

handled by the hospital, which has an average of fifty commitments a week—more than any other one county in Illinois has in a whole year. This car, another triumph of Judge Scully's regime, meant that a dream long cherished by the hospital authorities had come true. Year after year, they had witnessed the misery of the patients at having to run the gauntlet of curious eyes at the hospital doors and the railway stations during their journey to Elgin, Kankakee, or the Chicago State Hospital at Dunning.

"It's the most awful part of this whole awful business," a patient once confided to one of the nurses. "When I think of facing those curious people that gather around the bus—Oh, I know all about it for I used to be one of 'em! I was a traveling man, you know, and used to stick around the stations with the rest watching for the busload of nuts for Kankakee or Elgin. And now the gang'll stare and grin at me!"

The car, which made its first trip in 1918, was designed from a United States Navy hospital ship and built at a cost of \$20,000. It is larger than the ordinary street car and is comfortably fitted out with seats for thirty people and six berths for bed patients. In the old days, during very cold weather, bed patients could not be moved at all, as there was no way of heating the bus. The car, however, is well warmed, ventilated and lighted, and is equipped with excellent toilet facilities and running water. Four of the berths and three fourths of the seating space are allotted to the men patients, who greatly outnumber the women. The windows are protected by a lattice work of iron bars. There is little danger, however, that a would-be suicide could even thrust his arm through the bars, as every carload of patients is closely guarded by a deputy sheriff and several bailiffs, a physician and a graduate nurse, besides its regular conductor and motorman.

Three times a week, the car draws up at the private courtyard in the rear of the Psychopathic Hospital for its two trips to Dunning and one to Kankakee or Elgin (made in alternate weeks.) The patients just committed are taken out through the courtyard so that no outsiders can see them board the car. At the end of their journey they alight on the hospital grounds, thus mercifully escaping the callous curiosity of onlookers. Moreover, the car saves the county a tremendous expense, since it is able to transport fifty patients for the price formerly paid to transport one patient by the old bus-railway system.

USEFULNESS ENLARGED

Though originally operated for detention purposes, the Phychopathic Hospital has enlarged its usefulness by making it easy for a patient in the first stages of mental ailment to come to its wards for treatment. The average victim is a martyr to the mistaken notion that mind sickness is a disgrace. His family and friends usually combine with him to keep his illness a secret, and thus deprive him of the sorely needed treatment which, if taken in time, might save his reason. The hospital is resolutely combatting this tragic prejudice by encouraging those who feel the approach of a mental crisis to put themselves voluntarily under treatment.

For example, a man has a nervous breakdown, cannot sleep and is troubled with fits of melancholy. If his family are wise, they quietly hurry him to the hospital.

His case is continued from time to time or dismissed entirely while he remains till the cure is complete. Thus with little expense and without the painful publicity of a commitment, he may have the advantage of the hospital's excellent equipment and up-to-date methods.

The strapping of disturbed patients to their beds and the use of wristlets and anklets have been abandoned in favor of hydro-therapeutic measures, that is, the scientific use of warm water baths, sprays and douches. In fact the hospital has one of the best equipped hydro therapeutic departments in the country. Psychoanalysis, medical treatment, and straight surgery, as in cases which require the aid of operations, are also a part of the curative program.

OCCUPATIONAL THERAPY INTRODUCED

Occupational therapy has been introduced under the direction of Dr. Clarence A. Neymann, the superintendent. The teacher, a product of hospital training in France, begins her women charges with knitting, crocheting and the drawing of simple designs for house decoration, helping them to plan curtains and window-boxes for the day wards. Dr. Neymann himself spurred the men patients on to planting and cultivating a lovely flower garden and grass plot in the courtyard, which is the pride of the institution. Thus many a patient whose tendency was to stare blankly into space or to brood drearily has learned to take a new grip on life.

The hospital estimates that it cures more than 25 per cent of its patients and is rapidly pushing that percentage up to 35. A fair record, when we consider that three weeks is the average time spent in the hospital by these voluntary patients. Some beg the privilege of remaining longer and the plea is never denied. More would undoubtedly be reached and benefited if the law permitted the hospital to detain patients for more than ten days without a court hearing. Thus with the stigma removed from mind sickness, it is possible to give its victim a square deal.

Occupational Therapists Organize

The Wisconsin Association of Occupational Therapy has been organized with Dr. F. J. Gaenslen honorary president, Miss Hilda B. Goodman acting president, Miss Mabel Fram vice president, Miss Irene Grant, Muirdale Sanitarium, Wauwatosa, secretary, and Miss Elsa Dudenhaefer, Children's Hospital, Milwaukee, treasurer. The objects of the association are to keep in touch with the work of other states, to raise the standards of training for occupational therapists, to help departments just starting through the state, to obtain suggestion and direction of supervisors of institutions and of the medical profession and to acquire and disseminate knowledge of new crafts and occupations.

Open American Hospital

A hospital of 100 beds has been opened in Constantinople for American citizens. Dr. A. R. Hoover who has lived in Turkey many years will be director, Dr. Elfie Richards Graff, formerly physician to Vassar College, assistant director, and Mrs. Anna E. Rothrock of Glenside, Pa., will be superintendent of nurses. Constantinople College for Women will open a school for nurses in connection with the hospital and within a year plans a woman's medical college. The new hospital is intended to be the nucleus of an important medical center in the near East.

State Backbone of Australian Hospitals

System of Operation of Institutions of Commonwealth Unlike That of Any Other Country; "Nationalization" is Urged

By William Epps, F. C. I. S., Secretary, Royal Prince Alfred Hospital, Sydney, N. S. W.

When I undertook to write an article on the hospital system of Australasia I fear that I did so with a certain disregard as to the difficulties ahead. To assume that there is a definite Australasian system is to postulate something which does not exist. There is no system. Each State in the Commonwealth has its own particular method of financing hospitals, and New Zealand has another. But all have one basic principle; the State is the backbone of the various State methods.

So far as I know, no other country has quite the same scheme, although, perhaps, ours more nearly approximates the German idea than any other. Australasia starts with the handicap, perhaps, of being very young. Except New South Wales, no state has been in existence more than 80 years and we have none of the old fetiches of European countries, based on the principle of noblesse oblige. Neither have we the American class of superwealthy citizens who seem to look to charitable foundations as a means of disposing of their wealth or of perpetuating their name.

This means that we have neither the voluntary system of Great Britain nor the semi-business ideas of the great American hospitals under which the rich are made to pay for the poor through paying for private rooms. In Australia we have two classes of hospitals, public and private. With the latter class we have little concern. They generally are conducted by trained nurses and are frequently owned by them or by medical men or by combinations of such in kind of joint proprietorship, each interested doctor arranging to send his patients to be treated there. This has the effect of securing sufficient patronage to enable the hospital to be conducted on a paying basis and for the better classes in the community it provides hospital accommodation-at a price. We have no examples that I can call to mind of the American system or private or paying wards and public or free wards in one institution, although several Catholic organizations have hospitals which in a way carry out this idea. Generally speaking, they are admirably conducted, but they comprise practically two hospitals in one. In some cases they are quite apart. In one part there are purely paying patients who are treated by honorary medical staffs. These, as a rule, manage to carry on without State aid and do not come into our review of the Australasian method.

PUBLIC HOSPITALS

The public hospitals are of two classes, state and privately managed, though not privately owned. The boards of the latter class of institutions are elected by subscribers. From the very earliest days the State in Australia had to take an important part in the matter of hospital treatment of the sick poor. Otherwise, there could have been no hospitals. The colonies were settled under government auspices and in the absence of a wealthy or aristocratic or monastic class, as in England, to endow hospitals the State has perforce had to take

their place. In three of the States, South Australia, West Australia and Tasmania, the State has remained the chief factor in both the established and maintenance of hospitals.

STATE OWNED HOSPITALS.

In South Australia all the principal institutions practically are purely state hospitals, the State finding all the income necessary, although in the case of the Adelaide Hospital, which is the largest and associated with a medical school, the management is in the hands of a board which is appointed by the government and is supposed to represent various public interests. The public practically contributes nothing to the revenue, but the patients are expected to contribute according to their means and any further sum required to meet the expenditure is provided by the government by Parliamentary votes. Thus in the last year regarding which I have figures at hand, with a daily average of 278 patients, the total expenditure was £24,527 (practically \$120,000), toward which the patients contributed £1,027 or \$5,000 and the public donations were £827 or \$4,000. The other hospitals of the State are chiefly provided and managed in the same way, by boards of citizens appointed by the government.

In Tasmania the system is much the same as in South Australia. The two chief hospitals are those of Hobart and Launceston, which have government appointed boards, and a fair idea of the basis of the system may be gathering from the following which is one of the rules and regulations of the Launceston General Hospital:

"5. The Board may from time to time, as occasion may require, nominate and the governor-in-council appoint, fit and competent persons to be honorary or paid medical officers; and the Board may in its discretion suspend from the exercise of their functions and with the sanction of the governor-in-council dismiss any officer or servant of the board."

This means that the State keeps a pretty close control over the board and experience shows that this is actually the case. Another curious point about all the hospitals so far referred to—Adelaide, Hobart and Lauceston, is that they have honorary medical staffs with of course, a medical superintendent, a paid officer who represents the board in the internal administration.

This is a feature of the whole Australian system, which is uniform so far as the chief hospitals are concerned, and reference will be made to it later.

In Tasmania the government provides the bulk of the income so far as the chief hospitals are concerned, but in the smaller towns, the system is very largely the same as that in New South Wales to which reference will be made further on. The committees are elected by annual subscribers to the fund, while the government provides subsidy.

In West Australia there is a dual system, but in each

branch the state is the dominating factor. The chief town is Perth and the principal hospital is the Perth General Hospital. This is managed practically on the same system as the Adelaide, Hobart and Launceston hospitals, by a board, while the same applies to the hospital at Freemantle, the main port. Western Australia is a huge state with towns at great distances apart, and populations in these centres have risen rapidly, generally owing to the discovery of gold. In these smaller towns there are two main classes of hospitals—those which are purely under government control, to the number of 20, and those controlled by local committees, to the number of 26. The first class is composed of purely state institutions, managed by government medical officers, with no honorary staffs. Patients are admitted at the discretion of the medical officers and are divided into two sections; those able to pay for their treatment and those unable to do so. In the first class the patients sign an agreement to pay 3 shillings per diem in the case of county hospitals and 6 shillings per diem in the case of goldfield hospitals, which covers "all expenses of living, attendance and treatment." The other patients pay nothing. These comprise the most important of the smaller hospitals.

The second class of hospitals though numerically greater are of the small cottage class, which have usually been established by the government and handed over to be managed by local committees. An annual sum is paid by the state toward securing the services of a medical man, generally from £150 to £200 per annum with grants in aid to the extent of about 50 percent of the whole cost of maintenance. The cost of management in these is higher per capita than in the state institutions, but this is due to the small populations which does not warrant the appointment of whole-time state medical officers. In effect the whole system is one of state control and state finance.

STATE SUBSIDIZES HOSPITALS

The hospitals so far referred to are practically all government institutions and in the states referred to the charitably disposed exercise small influence. In the other (the largest) Australian states the government cultivates or has done so up to the present the giving by the benevolent public to the maintenance of patients. New South Wales may be described as the exemplar of this plan, and the system in that state more nearly than any other approximates the purely voluntary system of Great Britain, though differing greatly from it. Except in three or four of the largest hospitals, notably the Sydney and Royal Prince Alfred in Sydney, in which the government contributes special subsidies and one other, the Coast Hospital, which is purely a government institution, managed entirely by government officers, the hospitals of the state are state subsidized. The two first mentioned hospitals are the largest we have and are well conducted modern institutions, the first with 350 and the other with 512 beds, and the management is by board partly elected by subscribers and partly by government nominees. Both are clinical schools of the Sydney University Medical School. The Royal Prince Alfred Hospital is the largest general hospital in Australasia, and is perhaps the most modern and advanced in its method. The Coast Hospital of about 400 beds has so far been partly for infectious cases and partly for the more chronic medical cases, with few surgical cases, and is not a clinical school. It has had up to recently no honorary medical officers, but is now developing that system somewhat. It approximates, perhaps, the municipal hospitals of America, though it is not so highly developed.

ESTABLISHED BY LOCAL EFFORT

Apart from these institutions, the hospitals of New South Wales, to the number of about 150, are what are described as state-subsidized hospitals and they are in this respect of a class, I think, unknown elsewhere. In many cases these have been established originally by local effort, the population of the towns having raised certain sums by various means, and they have then applied for government aid. With this help they have erected the necessary buildings and provided equipment. Under the hospital act of the state provision is made for state subsidies or subventions to the extent of £ for £ upon the amounts contributed by the public, other than patients, who are also expected to contribute to the cost of their maintenance, according to their means. The effect of this system is certainly to stimulate the erection of hospitals, in my own opinion, to an undue extent. Every small town which boasts a doctor wants a hospital and by the aid of the local members of the state parliament has little difficulty in getting it. Its residents hold a race meeting, arrange concerts or sports meetings and in various ways raise a building fund and the local member does the rest. If the town, once its hospital is erected, can raise by subscriptions the £1,000 (say \$5,000) a year it gets the same sum from the government whether such an income is necessary or otherwise. The result is that many hospitals exist which have a daily average number of patients of two or three, some even of one or less, and probably from 25 to 33 percent of the whole could well be dispensed with. It is really a crude arbitrary system, with no principle to back it, and it often works out most unfairly. Wealthy districts, with no industrial or hospital population, are able to raise considerable annual sums and maintain hospitals far too large for the requirements of their districts, while poorer districts, with large industrial populations, have not enough income with which to carry on. If the same gross state subsidy which is distributed in this way were equitably and intelligently applied by a central expert body, on the basis of the work done, or patients treated, far more efficient results could be obtained at an infinitely less cost per patient. Still the system has served its purpose. It has stimulated the habit of public giving and has resulted in many hospitals being established which are needed and might otherwise never have seen the light.

In Queensland the system of state subsidization is very much on the same principle as that of New South Wales, but more so. Practically the systems in force are the same, except that in Queensland the hospitals receive £2 for every £1 subscribed by the public, but bequests are only subsidized to the extent of 10 percent for every £1 bequeathed. In addition to the chief hospital, the general in Brisbane, the capital, there are two base hospitals in centrally situated towns which receive an additional special annual subsidy.

(Continued on Page 76)

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

HYDROTHERAPY (W. B. Saunders Company, Philadelphia), by Simon Baruch, M. D., LL. D.

Dr. Baruch's latest work is a brief but practical review of the principles and methods of hydrotherapy, based on more than thirty years' experience. It is a complete textbook on the subject, dealing not only with the technical side of the question, but also devoting a considerable space to proper installation of equipment and methods of administering hydrotherapy. Thus the book is invaluable to the physician, architect and nurse. Numerous drawings and photographs add greatly to the worth of the book, particularly those dealing with hydriatic instalment and with technic of hydrotherapy.

TEXTBOOK OF CHEMISTRY FOR NURSES AND STUDENTS OF HOME ECONOMICS (McGraw-Hill Book Company, New York), by Annie Louise MacLeod.

The 180 pages of text in this book present in a concise manner the general principles of chemistry, organic, inorganic, physiological, and give the necessary foundation for practical courses such as nutrition, dietetics and cookery, materia medica, and bacteriology, which are dependent in varying degrees on a basis of chemical theory. Nurses and students of domestic science and home economics will find much of value in this textbook which, incidentally, conforms to the requirements of the committee on education of the National League of Nursing Education and of the New York board.

PRINCIPLES AND PRACTICE OF INFANT FEEDING (F. A. Davis Company, Philadelphia) by Julius H. Hess, M.D.

This is a revised edition of Dr. Hess' book and differs from the earlier edition in that caloric method of satisfying the infant's requirements is followed. The text is divided into four sections, General Conditions, the Nursing, Artificial Feeding, and Nutritional Disturbances in Artificially Fed Infants. A simple arrangement and clear style make the work interesting and easy to grasp. It is a splendid guide for the teacher of pediatrics as well as the student.

Chicago Dietitians Meet

A review of dietitic literature featured the August meeting of the Chicago Dietitians' Association, which was held August 20 at the Central Y. W. C. A. Miss Hazel Chambers, chairman of the current literature committee, presided and the program consisted of a discussion of articles pertaining to dietitics from recent magazines. Entertainment was furnished by Miss Margaret Hetreed, who played piano selections. The September meeting of the Association will be held at Michael Reese Hospital, September 24.

Visits High Schools to Get Student Nurses

On account of the growing scarcity of student nurses, the Springfield, Mo., Hospital, recently sent Miss Homer Harris, assistant superintendent, and Miss Lummis, a senior nurse, on a tour of the Ozark region to interest high school girls in nursing.

Two Hours for Visitors

Chester, Pa., Hospital Successfully Enforces 2-4 P. M. Rule; Patients and Nurses Benefit

By John A. Drew, M.D., Superintendent, Chester Hospital Chester, Pa.

On assuming the superintendency of Chester Hospital I was amazed at the number of evening visitors and on inquiry found what might have been expected in a large industrial center like Chester—"men who work all day have no other time to come to see their friends."

This is of course true, but the evening crowds contained as many women as men and it was not difficult to learn that the hospital was being made a social center for evening calls, regardless of the condition of the patient in the next bed, and the number of lodge brothers and sisters was beyond belief.

We have a large foreign population in Chester and the calling habit seems more prevalent with them. They will resort to any means to get to their friends. One surgeon told me he had left orders that no one but the mother should be allowed to see one of his patients who was in a serious condition and the next day by actual count, eight mothers appealed.

It is unfair to the restless, feverish patient who is anxious to get settled down for the night to allow visitors to gather around the beds of convalescents, keeping up a constant run of conversation, neither is it fair to the nurse who is doing her best to quiet the other patients and make the last few preparations for the night.

Those were the conditions which led to the decision that "while immediate relatives should not be deprived of the privilege of keeping in touch at any time immediately following operation, or in case of accident or critical illness of the members of their family" visiting hours would be from 2 to 4 p. m. only, Sundays included.

And so, by a few judicious notices in the press that after a certain date visiting hours would be from 2 to 4 p. m. only and that this change was made entirely for the benefit of those who were too ill to be disturbed evenings, the public was prepared. These notices were not given out, however, until after the members of the staff at one of their regular meetings were told of conditions and their co-operation asked in explaining to their patients and their friends why the change was made. Assurance was given visitors that in cases of necessity they would not be refused admission out of hours, and that their friends might be the ones who most needed the quiet during the evening.

Each day at 4 p. m. a sign is hung out "Visiting Hours Over, Apply At Office." This has given us an opportunity to explain, take a message and send visitors away happy, rather than with a grouch or a misunderstanding. The first week I met personally the occasional evening visitor who had "not heard of the change." explained the reasons in nearly every case with entire satisfaction.

As to results, the patients are quiet early in the evening; they rest better, and feel better in the morning. The nurses, too, appreciate the change.

Private patients, as we all know, are never so troublesome and while visitors to them are allowed at any time within reason, there has been no cause for complaint.

"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round



MR. CHARLES S. PITCHER

Who Will Become Superintendent of Presbyterian Hospital,
Philadelphia, October 1

Mr. Pitcher is widely known among hospital executives of the United States and Canada through his work for the United States Food Administration as head of the division of hospital and institutional conservation. He has been in New York state hospital service for nearly twenty-nine years and has tendered his resignation as steward and deputy treasurer of Kings Park State Hospital to accept the position as superintendent of Presbyterian Hospital, Philadelphia.

As a member of the Hospital and Institutional Consultation Bureau of New York City Mr. Pitcher has acted in an advisory capacity for a great number of hospitals. He is an authority on hospital administration and has contributed a number of articles on this subject to HOSPITAL MANAGEMENT.

Major R. C. Kirkwood, who during the war was chief of medical service at the Ft. Bayard, N. M., general hospital, was married July 2 to Miss Laura M. Smith who was a member of the Army Nurse Corps assigned to the Ft. Bayard Hospital. Later Mrs. Kirkwood was assistant superintendent and head nurse at the St. Joseph County, Ind., Tuberculosis Hospital where Maj. Kirkwood was superintendent and medical director. Maj. Kirkwood now is acting head of the Rocky Glen Sanatorium, McConnelsville, O., of which Mrs. Kirkwood is matron and superintendent of nurses. Rocky Glen has been taken over by the United States public Health Service.

Mrs. William N. Mebane has been chosen superintendent of the Mary Washington Hospital, Fredericksburg, Va., succeeding Miss Bruce Goolrick, resigned.

Mr. George E. Halpin, superintendent of the Lebanon Hospital, has succeeded Dr. Harry J. Moss as superintendent of the Hebrew Hospital, Baltimore.

Dr. Rebecca Parrish, medical superintendent of the Mary Johnson Hospital for Women and Children, at Manila, P. I., is at her home in Logansport, Ind., on leave

Dr. Bryce McMurrich, Toronto, has been named medical superintendent of the Speedwell Hospital at Guelph, Ont. He recently returned from China.

Miss Adelaide M. Lewis has accepted the superintendency of the Presbyterian Hospital, New Orleans. She formerly held an executive position with the Ottumwa Ia., Hospital.

Dr. Albert S. Hyman, formerly of the staff of Long Island Hospital, has been chosen superintendent of Mt. Sinai Hospital, Philadelphia.

Dr. John L. Fryer, chief surgeon of the Soldiers' Home at Leavenworth, Kan., has been transferred to Soldiers' Home, Hot Springs, S. D., of which he will be governor as well as chief surgeon.

William H. Lewis has succeeded Benjamin M. Morgan as superintendent of Marion County Infirmary, Indianopolis, Mr. Morgan recently having been appointed superintendent of the Marion County Hospital for the Insane at Julietta.

Effective September 1, Dr. Bertrand L. Jones of Detroit became superintendent of the Central Kentucky State Hospital at Lakeland.

Mr. John M. Cratty is the new superintendent of Long Island College Hospital, having severed his connection with Presbyterian Hospital, Philadelphia, to accept that post.

Dr. Guy Payne has been made general superintendent of Overbrook Hospital, Newark, N. J., through the abolition of the position of warden, the occupant of which office directed the business management of the institution. Dr. Payne had been medical superintendent and will combine his professional duties with those of administrator. Dr. Payne has been connected with Overbrook Hospital since August, 1902.

Miss Margaret Mateer, for fifteen years superintendent of Lima, O., City Hospital, has resigned and gone to her home in Toledo for a long rest. Miss Martha Lambert of Cincinnati has succeeded her. Miss Mateer, whose executive ability is credited with building up an efficient organization at Lima, was given a farewell party at the home of Dr. J. P. Poling, health commissioner, which was attended by nurses, welfare workers and many other friends of the retiring superintendent.

Dr. J. L. Melvin is superintendent of the recently established Guthrie Hospital at Guthrie, Okla., of which he and Dr. Benton Lovelady are joint owners. Mrs. Maude E. Young, R. N., has been appointed superintendent of nurses.

THE HOSPITAL ROUND TABLE

Take the Board Members Around

Superintendents who are accustomed to have members of the building committee inspect the premises might remember that it is difficult for board members to visualize hospital needs without actually having seen the different departments and having had the desired improvements pointed out to them. While it is well to familiarize the building committee with the situation, it is far better to have every board member thoroughly in touch with the hospital plant, equipment, defects and requirements, and therefore the board should be invited to make a general inspection at least once or twice a year. Looking over the hospital in this way would give them a new idea not only of the possibilities, but also of the desirable additions to plant equipment, and would make the task of the superintendent in getting funds for improvements much easier.

The Assistant Superintendent

A good superintendent almost invariably has a good assistant.

This is largely a case of cause and effect, and indicates the value of the training which the assistant receives from his chief.

This suggests, too, that the best material for superintendents may often be found among the lieutenants of the successful hospital executives whose reputation is established. The new or small hospital which is looking for an administrator can do much worse than make use of the training and experience of the assistant superintendent of a good hospital.

The superintendent who recommends his assistant realizes that he is losing a valuable aid, but he seldom stands in the way of the latter's advancement.

Hasn't Needed It

A Chicago superintendent who was asked regarding the effect of prohibition said that on July 1, 1919, when wartime prohibition took effect, he took the entire stock of whisky, brandy, champagne, etc., owned by the hospital under personal charge, and locked it up. The pharmacist, who had formerly had charge of the stock, referred all inquiries to the superintendent, who gave it out only in cases of absolute need. Since that time, he said, there have been exactly two instances in which alcoholic stimulants have been resorted to, and the stock is therefore practically intact. His belief is that the hospitals can get along without the aid of John Barleycorn.

Bell Boy Service

The superintendent of a large hospital who some time ago conceived the idea of installing bell boy service similar to that in use in hotels recently remarked on the development of this idea in the institution which now has four such messengers, all of whom are kept busy. They distribute mail and deliver telegrams, run errands for guests, carry the menus to the different floors, substitute for the information clerk at meal times and are gradually being assigned other duties. They are an essen-

tial part of the hospital service. In institutions where student nurses perform some of these duties, a bell boy undoubtedly could be employed to advantage, this superintendent suggested.

Finds Fuel Oil Economical

In view of the inability of many institutions to obtain an adequate supply of coal, even at any price, the experience of an Eastern hospital superintendent who some years ago installed apparatus for using fuel oil for heat and power is of special interest. According to this superintendent the experiment has been wholly satisfactory, the advantages including better combustion and higher efficiency, no cleaning of fires necessary, reduced cost of maintenance, elimination of grate bars or firing tools with a consequent increased life of furnace brick, absence of smoke, coal dust and ashes, and elimination of expense of handling the latter. Fuel oil fires also can be regulated from low to intense heat quickly. Installation of fuel oil apparatus, this superintendent asserts, necessitates only a few minor changes in the ordinary coalburning plant.

Informing the Public

While notary public service usually can be obtained by patients and their friends and relatives in many of the larger hospitals, most of the prospective patrons usually are not aware of this fact until an emergency arises. There is one hospital, however, that has partitioned off a small office in the lobby near the information desk and a neat sign calls attention to the fact that a notary is available. This sign has brought the notary who also is a clerk a considerable amount of business, but its greatest value has been in informing the public that such service is offered and the superintendent has had many favorable comments on the facilities provided by the institution aside from those relating purely to medical and surgical treatment.

Washing Woolens

Hospital superintendents will be interested in the following statement by an experienced laundryman regarding the washing of woolens:

"Washmen should give more time and study to the washing of woolens and thus save hospitals a great deal in the course of a year. I never temper the water used in washing or rinsing wool and, in case of very greasy or oily articles, I boil them not more than ten minutes with a good suds and very little neutral soda.

"While I don't believe in boiling all wool there is some that can not be cleaned in any other way. After boiling I rinse in hot, warm or cold water and have never shrunk an article by washing in this way. If enough water is used to float the goods, or to keep it from pounding on the bottom of the cylinder, and the machine is stopped when discharging and filling wheel, there is no danger of shrinkage. The secret of washing wool is to use plenty of water."

Hospital Management

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SEPTEMBER, 1920

No. 3

The Stimulus of a Convention

Hospital executives who are undecided as to whether or not they will attend the convention of the American Hospital Association at Montreal next month are asked to ponder over a statement recently made by the president of the American Bar Association in an open letter to members. This statement, changed to apply to the hospital world, is as follows:

"The sight of the leaders of the hospital world is stimulating. It adds much to the interest with which a paper is read if the author is not an abstraction, but a creature of flesh and blood, whose appearance is known and whose voice has been heard.

"Of these things I am sure: that the sense of brotherhood and the belief in the friendliness and nobility of the association will be strengthened by such contact, and that the faith in the zeal and integrity of members will be justified by experience. The reserve potential strength of a profession like ours can be summoned to effective exercise only through an association, national in scope, and wielding the consolidated strength of a united and thoroughly patriotic organization."

The impending convention at Montreal, therefore, not only offers the one big opportunity of the year to learn improved methods of handling hospital problems, but, what is far more valuable, it will stimulate even the leaders through the personal contact with other men and women whose labors and accomplishments have had no small part

in helping American hospitals to realize their ideal of utmost service.

Make Use of Round Table

From a sort of "filler" the Round Table of the American Hospital Association convention in a few years has developed into an integral part of the annual meetings and its popularity has grown to such proportions that various state associations and similar groups are making this practical feature an important number on their programs.

Briefly, the Round Table at Montreal will place at the disposal of any visitor the experience of a great number of experts in all phases of hospital administration and cordially invite superintendents and executives to submit any problems or questions they desire. Furthermore, under the direction of MR. BACON, the chairman, an advisory committee of leading superintendents will be in session Friday to give further assistance and information to those whose questions may not have been fully answered at the Round Table proper.

To facilitate the operation of the Round Table Mr. BACON has issued a general invitation for questions and problems to be discussed and some of these are published in this issue of Hospital Management. This means that from the call to order every minute allotted the Round Table will be used to advantage and that there will be no lagging or delay.

The fact that ten hours have been given to the 1920 Round Table is proof of the growing popularity of this feature. Service is its keynote and to assure service irrelevant and long-winded discussions will be discouraged. The Round Table will further give every one an opportunity to meet everybody else and thus promote a spirit of comradeship.

The visitor who neglects to attend the Round Table session or to make use of the Round Table advisory committee certainly will be the loser.

A By-product of Morale

A spirit of enthusiasm and loyalty among the staffs and employes of a hospital is its owns reward, as is manifested in many ways. A minimum of complaints from patients and of dissension among the hospital personnel are direct results of this sort of morale which smooths innumerable difficulties for all connected with the institution and makes for increasingly efficient service.

A by-product of this spirit was noticed recently when a number of people overheard a dietitian connected with a small western hospital describing the institution and her work to a friend. The pride and faith in "our hospital," as she called it, expressed by the speaker's voice and manner made a marked impression on her hearers who were visibly imbued with the idea that "our hospital" must be very much worth while.

"Dr. Jones, our superintendent, is most capable, and I consider myself fortunate to be associated with him" was the tenor of one of the remarks of the dietitian who was positive that very few hospitals in the country surpassed "our hospital" for service to patients. These statements

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Hospital Convention Calendar

American Hospital Association, Montreal, October 4-8, 1920.

American Association of Hospital Social Workers, Montreal, October 4-8, 1920.

Saskatchewan Hospital Association, Saskatóon, October, 1920.

American Conference on Hospital Service, Montreal, October 4-8, 1920.

American College of Surgeons, Montreal, October 11-15, 1920.

Alberta Hospital Association, Calgary, October 21-22, 1920.

American Dietetic Association, New York City, October 25-27, 1920.

Connecticut Hospital Association, New Haven, November 18, 1920.

Michigan Hospital Association, Grand Rapids, December 7-8, 1920.

American Sanatorium Association, Rochester, N. Y., December, 1920.

National Methodist Hospitals and Homes Association, Chicago, February 15-16, 1921.

Ohio Hospital Association, Toledo, May, 1921.

Oklahoma State Hospital Association, Mc-Alester, May, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

American Medical Association, Boston, June, 1921.

National Tuberculosis Association, New York, June, 1921.

Mississippi Valley Conference on Tuberculosis, Cedar Point, Ohio, 1921.

Mississippi Valley Sanitarium Association, Cedar Point, Ohio, 1921.

American Medico-Psychological Association, Boston, 1921.

New Jersey Hospital Association, Atlantic City,

Georgia Hospital Association, Macon, 1921.

National League of Nursing Education, Kansas City, 1921.

American Nurses' Association, Seattle, 1922. National Organization for Public Health Nursing, Seattle, 1922.

were made in a matter-of-fact way with no trace of boasting and they carried conviction.

The morale of this hospital evidently is something not to be discarded outside the walls of the institution and in this particular instance it served as a medium of the very best kind of publicity.

Records for Industrial Hospitals

Industrial physicians and others in charge of the work of industrial hospitals and dispensaries have been giving much attention to the subject of records. Not only are they necessary as a basis for reports to the state authorities, but they have developed phases that emphasize their importance. They cover, of course, records of both injuries and sickness, and the figures on the latter subject

are of special interest because they are seldom so completely available.

A leading industrial physician recently made the point that in his experience, as covered by daily records, summarized monthly, more cases of sickness develop in an industrial plant than cases of accidental injuries. This is obviously important in indicating the lines along which industrial medical service should be planned. While the industrial manager does not intend, in the organization of his medical service, to compete with the outside practitioner, he does realize the economic importance of supplying service in cases requiring medical attention; and experience of the kind suggested is therefore particularly valuable in showing the lines along which the service may be developed and expanded.

This is only one suggestion of the value of records. They will show the classes of injuries that are coming up most frequently, and will therefore suggest effort to prevent accidents of this kind; and they will indicate conditions with reference to lighting, sanitation, etc., that might not be observed otherwise.

Plan to have complete records, and your medical service will show the benefits.

Are Building Costs Coming Down?

Occasionally a hospital building program has been halted by the board of directors because of the excessive costs, although it must be said that these delays are rare and wholly among institutions that are not in pressing need of greater facilities. But whether a delay of any nature in the hope of lower prices later on is a course of wisdom or not is an open question.

The rate increases recently granted the railroads to take care of the earlier \$600,000,000 raise awarded employes means higher prices for building materials and all other commodities moved by rail, temporarily, at least. In fact, a leading Eastern contractor recently asserted that while there may be a decline in the price of some kinds of building materials, this decline will be offset by other things that increase in cost.

"If people are waiting for prices to drop," he continued, "I will say that, as far as I and some others can see, there will be no decrease in prices for a considerable time to come. I think that any probability of a general decline in cost of construction has been eliminated by the increase in freight rates, as the influence of that increase is far reaching in the building industries."

An architect in the middle West who has done some work for hospitals recently said that a contractor had offered to reimburse an owner for any decrease in the price of building materials or labor in the next twelve months. With the scarcity of materials and labor conditions of today this contractor wasn't looking for additional business, but his offer was made to show his belief that not only will there be no decrease in price, but that costs may make further advances.

The views of these men in close contact with building material conditions in different sections of the country indicate that hospital boards that are delaying construction in the hope of an early price reduction may have a long wait before them.

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State to Expand Rehabilitation Work

Successful Industrial Clinic at Newark Leads to Others In Jersey City, Paterson, Perth Amboy and Camden

The first state rehabilitation clinic established in the United States for the treatment of men and women injured in industrial pursuits has been functioning for several months in Newark under the direction of the New Jersey Rehabilitation Commission. The commission was created in April, 1919, and began its work the following October.

and general hospitals where Dr. Bassin or the attending hospital staff surgeons operate.

Cases sent to the clinic initiate in the compensation courts and are of such nature as, in the opinion of the compensation medical examiners, require diagnosis and further surgical reconstruction. The general character of the cases handled at the Newark clinic may be seen

OPERATION UNDER LOCAL ANESTHESIA IN OPERATING ROOM OF THE NEW JERSEY REHABILITATION HOSPITAL



It is planned to establish other clinics in Jersey City, Paterson, Perth Amboy and Camden, the centers of industrial plants in other sections of the state. The Jersey City branch will open shortly.

Dr. John N. Bassin is chief surgeon of the Rehabilitation Commission and medical adviser of the department of labor. He has had immediate charge of organizing the clinics and personally administers the one in Newark.

Physical reconstruction and vocational rehabilitation are the primary objects aimed at by the commission. Dr. Bassin has attacked the work with great skill and energy and up to recently 654 cases were recorded on the clinic's books.

The work of the clinic is essentially diagnostic and reconstructive; it being conducted for ambulatory and short convalescent operative cases principally. Cases requiring secondary surgical operations and a prolonged indoor convalescent period are referred to orthopedic

from the report of activities inclusive of May, 1920. The record shows:

523 cases reported (503 individuals).

221 treatment cases.

64 operations.

31 placement cases.

43 to be provided with orthopedic appliances or artificial limbs.

165 for diagnosis only.

The work of the commission and its clinics does not stop with reconstruction; it attempts through placement officers to find suitable occupation for those who come under 'its care.

In such cases as require operations and the expense is borne by the liability insurance companies, Dr. Bassin has established the rule of placing such funds in the state's coffers and this revenue is largely making the clinic self-supporting.

The Newark clinic occupies an entire floor. The oper-



A CORNER IN THE EMERGENCY WARD, NEW JERSEY REHABILITATION HOSPITAL. PATIENT RECEIVING TREATMENT BY ELECTRIC THERAPY



ating room equipment includes sterilizers for dressings, instruments and utensils provided by the Hospital Supply Company, New York; an instrument cabinet filled with all necessary apparatus including special electrical diagnostic cautery, Albee bone sets, turning forks, ophthalmoscope, electrical massage vibrator, Bennet inhaler for gas and oxygen anesthesia; bottle and irrigator stand, etc. A shower and washup room connects with the operating room.

The physio-therapy room has bakers for body, shoulder, ankles and leg, both for lying and sitting, the equipment being supplied by Walter S. Edmands, Boston, Mass., and the Burdick Co., Milton, Wis., massage table, couches and chiropodists' chairs.

The pathological laboratory has all the necessary equipment for analyses and was furnished by the Chicago Surgical and Electrical Co.

The emergency ward of the clinic contains four beds. A massage room and a plastic room are other adjuncts of the clinic which also has a stereoscope so that X-ray pictures can be examined in the operating room.

The department of roentgenology is equipped with a Kelly-Koett X-ray machine which is provided with a fluorscope.

On another floor is a complete set of equipment for use in the restoration of function, including hip and knee rotator, finger stretcher, foot drop machine, ankle circumductor, parallel bars and ladder, a bench and table containing creeping board, finger machines, tread mill, wrist adductor and wrist roll and supinator.

Dr. Bassin, who is pioneering in the work of state industrial surgery and care and physical reconstruction of men and women injured in industrial pursuits, says the need for such work is pressing and that this field offers great opportunities to hospitals.

"In New Jersey there are 400,000 industrial souls, virtually one-sixth of the population, many of whom meet

with industrial accidents—often remaining crippled for life," he asserted.

"The old method of under-treatment has left in its wake many a crippled spine; many a stiff and disfigured joint; disabled hands and feet. Thus, physically handicapped persons, especially injured workmen unable to obtain proper care, go through life crippled, unable to resume previous occupations, being in many instances crippled so that even vocational guidance or reconstruction is of no avail.

"Physio-therapy combined with the work of a hospital's surgical staff would greatly relieve the situation and tend to prevent many physical deformities. A hospital with a department of physio-therapy would obviate the necessity of discharging patients on crutches with stiff and painful extremities. It seems that physio-therapy is altogether indispensable in traumatic surgery, notwithstanding the fact that most of the hospitals are not yet keenly alive to the subject."

"Fifty per cent of all physical disability is preventable," he continued. "When applied to injured workmen it is especially urgent that they benefit by treatment or else they are doomed to a life of mendicancy which in a great measure also is preventable.

"Out of all the cases presenting themselves at the New Jersey Rehabilitation Clinic, there were at least 198 with no further hope of restoration of function. Orthopedic and constructive treatment has by far reduced the average disability in this extreme group, 65 of the number having already been placed in well remunerative occupations.

"It is true that the work has just begun, scraping the surface, as it were, but the results obtained would perhaps justify the statement that the physical reconstruction and vocational rehabilitation of injured workmen are already beyond the experimental stage."



GLIMPSE OF RECEPTION ROOM AND ADMINISTRATION QUARTERS OF THE NEW JERSEY REHABILITATION HOSPITAL AT NEWARK

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Three Wards in Westinghouse Hospital

Day and Night Medical Service Provided to Care for Daily Average of 4,300 Employes at Wilmerding, Pa.

The present relief department of the Westinghouse Airbrake Company at Wilmerding, Pa., was organized June 1, 1903. For years prior to that date the employes had maintained "The Westinghouse Beneficial Association," by and among themselves, for mutual assistance in case of sickness, accident or death, but the benefits were inadequate and the membership was small, embracing only about 14 percent of the employes. Their troubles were due mainly to double assessments, and they had difficulties in raising enough money at times to pay their claims.

After an investigation the Westinghouse Air Brake Company formulated plans for a relief department which offered many desirable features with greatly increased weekly benefits and less cost as compared with the old organization. The proposition was accepted by the old organization and it became the nucleus of the new.

This change in administration, however, did not mean that the members were thereafter to regard any financial relief received for time lost through disability as a charitable contribution from the company. The department still is supported primarily by the employes themselves and the company in taking it over merely guaranteed a more scientific and efficient management of its affairs and the continued payment of all benefits. Every member pays for his protection, except in the case of a plant accident, when the victim is paid from a fund maintained solely by the company. But this is one of the requirements of the Pennsylvania Workmen's Compensation Act and is law, not charity.

COMPANY PAYS OPERATING COSTS

One of the outstanding advantages gained by the employes when the old beneficial association was rejuvenated came with the announcement of the company that every cent paid into the institution by the members would go into the sick and death benefit funds. The entire expense of operation, including all overhead was to be borne solely by the company.

Mr. John T. Small, superintendent of the relief department, has his headquarters in a building which is given over exclusively to the activities of his department. In addition to his private offices, space is afforded for the office of his assistant, the office of the chief medical examiner, an operating room, first aid station, rest room, emergency hospital and dispensary. The building is one of the busiest about the entire plant and the affairs conducted under its roof intimately concern the welfare of each and every employe of the company, from errand boy to superintendent. It is here that the physical fitness of one to enter and remain in the service of the company is determined; it is here that one looks for financial aid when illness compels the temporary abandonment of work; it is here that hope lies for the widow and children whose sole support has been taken away, leaving not even the means to defray burial expenses; it is here that an injured worker is hurried for treatment and the cause of his accident carefully investigated.

The building holds the records of more than 31,000 ap-

plicants for employment since 1903. As membership in the relief association terminates on leaving the service of the company, new names are constantly being added to the roll and old ones stricken off. The average membership at any one time is around 4,300.

The chief medical examiner is one of the principal units in the relief system. Every applicant for a position with the company is referred to him and the nature of the position to be filled is taken into consideration. The physical tests are then applied to determine bodily fitness. If the tests prove satisfactory the applicant is accepted for membership in the relief department and is permitted to begin work.

SERIOUS OPERATIONS

When an employe is taken sick and considers himself unable to continue his duties he must report immediately to the medical examiner for a diagnosis. If found to be ill he is permitted to go home, or in serious cases, is taken home in an automobile at the company's expense. The patient is given full freedom in the selection of a physician, but is always under obligation to keep the relief department informed as to his condition and when sufficiently recovered is expected to present himself at the medical examiner's office for observation.

Accident cases are treated in the same manner. An injured employe is taken immediately to the relief department hospital for examination and treatment.

In the case of the Westinghouse Air Brake Company the great majority of plant accidents are of a minor nature and seldom necessitate a serious operation. After the wound has been dressed the employe is taken home and is under the same obligations to report on his condition as one who is sick. If the injury does not prevent walking and moving about the employe is expected to report in person to the medical examiner every two or three days, or as often as may be deemed necessary. When walking is impossible, an automobile calls for the patient and takes him home.

A close record is kept of every case, enabling the medical staff to act intelligently in arriving at a decision as to the ability of an employe to resume work. Here is one of the biggest problems the relief system imposes. A man's fitness for duty must be determined beyond all doubt before he goes back. Returning to the shop a day too soon may mean a relapse later on and another long period of disability. Such cases contribute to a state of under-production and bring the relief department to the fore as an important factor in the economics of industry. The same situation obtains, of course, when an employe is not returned to work as soon as ability is satisfactorily established.

Some idea of the great economic loss which big industries suffer through sickness and accidents among employes can be gained by studying the statistics of the Westinghouse Air Brake Company relief department for 1919.

During the year 48 members of the department suffered non-industrial accidents, or accidents occurring while they were off duty, with a total resultant loss of 1,661 full working days. A total of 40,211 more days were lost through 784 cases of sickness, and 5,914 shop, or industrial, accidents added 6,909 to the list, a grand total of 48,781 days. Figuring 300 working days to the year, this represents a loss of human energy equivalent to that which would be expended by an individual workman during 162 years of continuous toil! But this is really a good record and a big improvement over the old days before health and safety were accorded such important places in industry.

PLANT HAS GOOD RECORD

Mr. Small is a firm believer in the axiom that "an ounce of prevention is worth a pound of cure." He is constantly working to the end that every worker shall be carefully guarded against accidents in the plant and that his department shall be just as highly interested in safety-first as in relief. By removing causes the Westinghouse Air Brake Company has made its plant at Wilmerding so safe for employes that there has been only one fatal accident in more than eight years. To appreciate just what this means it must be remembered that the air brake plant is a huge affair filled with all sorts of high-speed machinery, giant cranes, blazing furnaces,

steam hammers and the like, and that an average of 4,300 men and women are daily engaged in the operation of these devices.

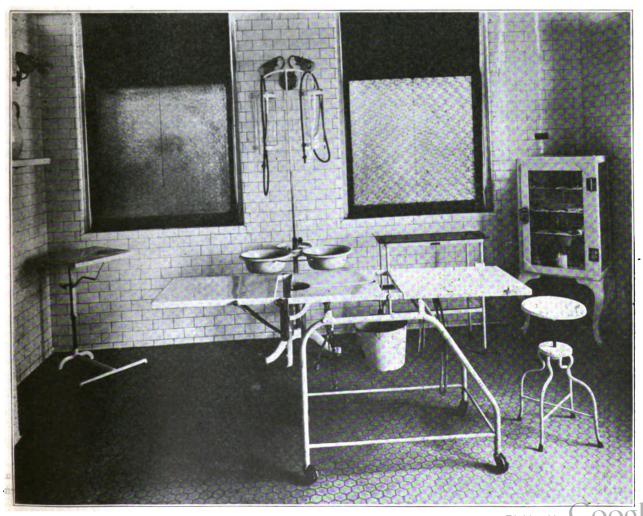
Even accidents serious enough to necessitate sending the victim to a hospital are rare. There has been only one such case so far this year.

OPEN NIGHT AND DAY

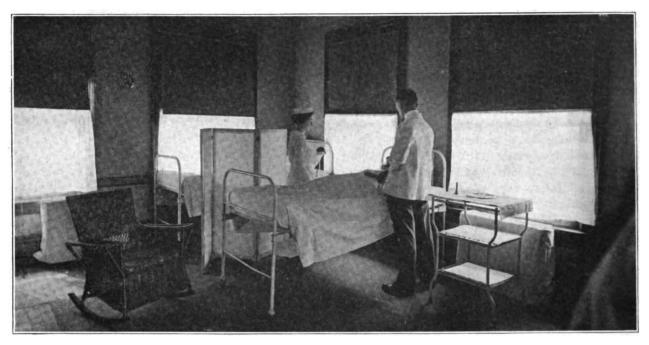
When it is necessary to send an employe to a hospital he is permitted to select any institution he desires. The company bears all expenses. When no preference is stated he is usually taken to the McKeesport (Pa.) Hospital, which is about a thirty-minute ride by automobile from the plant.

Any member of the relief department, and therefore any employe of the company, is entitled to the medical services of the institution at all times. The first aid station and hospital are open day and night. During the day a surgeon and a nurse are constantly on duty. There is also a surgeon on duty at night, but no nurse, as the night force in the plant is very small and few accidents are reported. The night watch is more of a precautionary measure than an actual need.

The relief department is divided into five classes and the members pay assessments and are entitled to benefits as follows:



THE OPERATING ROOM, WESTINGHOUSE AIR BRAKE COMPANY Digitized by



A CORNER OF THE HOSPITAL, WESTINGHOUSE AIR BRAKE COMPANY

		Bei	nent
Wages or Salary	Contribution	Total Disability	y Death
per month.	per month.	Weekly.	One Sum.
1. Under \$35	\$0.50	\$5.00	\$150.00
2. \$35.00 to \$55.00.		7.50	150.00
3. \$55.00 to \$75.00.	1.00	10.00	150.00
4. \$75.00 to \$95.00.	1.25	12.50	150.00
5. \$95.00 or over.	1.50	15.00	150.00

Injured employes are paid compensation from the day of the accident, although the state law covering such cases does not require payment for the first ten days of disability. The company also pays a maximum of \$15 per week while the maximum compensation required under the law is \$12 per week. The payments continue as long as the employe is disabled. This same plan is followed in cases of sickness or non-industrial accidents, except that payments of relief are not made for the first week.

OPERATING ROOM ON FIRST FLOOR

The relief building is a roomy two-story brick affair at the main entrance to the Air Brake plant. The front rooms upstairs and down are given over to the administrative work of the department. The hospital is in the rear.

The operating room is on the ground floor adjoining the office of the chief medical examiner. It is a large, airy room finished in white tile. The equipment is modern and complete and includes operating table, instrument case and full set of instruments, lavatories, basins with hot and cold running water, electric sterilizer, chair for eye work, ambrine emergency case for the treatment of burns, electro-magnet for removing foreign bodies (iron or steel), set of Thomas splints for fractures, a pulmotor, and such other accessories as are usually found in a firstclass institution of this kind. There is rarely any need for an X-ray, but when the occasion demands the patient is taken to Swissvale, about five miles distant, where a machine is part of the equipment of the hospital of the Ut ion Switch & Signal Company, a subsidiary of the Air Deale

Directly above the operating room and the office of the medical examiner are the wards, three in number, and the nurses' office. There are three beds in one ward, a bed and a cot in another, and a cot in the third. The wards are furnished with glass-top tables and in addition to the usual miscellaneous equipment for professional use there is an electric sterilizer, a set of electric pads, and a refrigerator.

The hospital is fitted to handle all except the most serious cases, such as compound fractures, arm or leg amputations, fracture of the skull, or injury to the eye that threatens loss of sight. When cases of this nature occur the patient is given first aid or emergency treatment and then taken to an outside hospital where he has the advantages of better facilities for major operations. For serious eye injuries the company retains the services of a specialist in Pittsburgh.

Simple fractures that do not involve splintered or crushed bone, toe and finger amputations, sprained backs, foreign substances in the eye, bruises, burns, cuts, contusions, and all kinds of sickness are handled regularly as a part of the day's work. As accidents of a serious nature are almost unknown, the relief hospital deals satisfactorily with virtually every injury that develops in the plant.

SLIGHT INJURIES NUMEROUS

By far the greater number of cases treated consist of very slight injuries which do not disable the employe, but allow him to resume work after having the wound cleansed and dressed to prevent infection. Minor cuts and bruises about the hands and feet are especially common and an excellent treatment for most of these cases has been found to consist of Dakin's solution, iodine, Lugol's solution and a bandage. Infected cases are treated with Dakin's solution, which is made fresh every two or three days in the Air Brake laboratories.

Some days as many as 75 or 80 cases are treated, including both accident and sickness. Of this number a large percentage may be old cases. Scarcely a day passes,



however, that 20 or 25 new cases do not develop. A record is kept of every case and a fresh entry made for every treatment so that the surgeon always has a sure reference to guide him in his work.

Probing into a summary of the work in 1918 it is found that a total of 6,565 accident cases were treated by the surgeon, but only 371 of these, divided as follows, were disabling: bruised feet, 76; eye cases, 72; cut fingers, 72; sprained back, 68; bruised fingers, 49; bruised and cut toes, 34. Eight of the finger cases were amputations and one of the eye cases resulted in the loss of the eye. Cases causing disability of two weeks or longer numbered 123.

Eye cases represented 25 per cent of the total treated during the year, bruised and cut fingers 36 per cent, sprained backs 15 per cent, and bruised and cut toes and feet 24 per cent.

KEEP RECORD OF ILLNESSES

A record of sick cases is kept by means of health statistic cards. A new card is made out for every new case of sickness. If an employe is disabled two or three times in the course of a year by the same disease, a new card is used each time. It is therefore possible to tabulate and classify the various diseases and determine the total number of cases of each. Such a record is of immense value in getting a line on the diseases that occur most frequently among the employes and tracing and removing causes. The relief hospital classifies 135 diseases, each of which is numbered. The number corresponding to the disease causing an employes disability is always punched on the health statistic card.

As intimated previously, the relief department is primarily for the employes and they are given full voice in its management. General supervision of the operations of the department is assumed by what is known as the relief committee, a body composed of eight members and a chairman. Four of these members are appointed by the company and the other four are elected by the employes. For the purposes of representation, the Air Brake Plant is divided into three districts and one committeeman elected each from District No. 1 and District No. 2, and the other two from District No. 3. These elections are conducted annually on the ballot system and every member of the department is entitled to one vote.

The general manager of the company is chairman of the relief committee.

This plan of management has proved highly successful. The employes and the company have been enabled to work at all times in close harmony and with perfect understanding on every question affecting the interests of either or both; a feeling of pride and responsibility has been engendered among the employes. In fact, everybody connected with the relief department is satisfied that it is a highly desirable adjunct to the company and the employes.

Lost Time Decreased by Half

The medical service of Libby, McNeill & Libby, Chicago packers, costs the company two-tenths of one per cent of the annual pay roll, according to a recent statement, or about \$2.00 a year for an average of 4,000 employes. The medical department has succeeded in reducing the number of days lost due to industrial accidents by more than 50 per cent, while the time lost through illness also has been decreased. The company maintains day and night medical service.

Safety Council to Meet

Industrial Medicine is Given Important Place on Program of Ninth Annual Congress at Milwaukee

The growth of industrial medical service is shown by the important place assigned this subject on the program of the ninth annual safety congress of the National Safety Congress, at the Auditorium, Milwaukee, September 27-October 1. In addition to the general discussions and papers by the Health Service Section of the Council, the various industrial sections have scheduled papers on nursing, equipment, methods and other phases of medical service with reference to its application to their particular industry.

The first meeting of the Health Service Section will be held at the Plankinton hall of the Auditorium at 10 a.m., September 28. Officers of the section are Dr. W. Irving Clark, Jr., Norton Company, Worcester, Mass., chairman; Dr. A. W. Colcord, Carnegie Steel Company, Clair ton, Pa., vice-chairman; Dr. William A. Sawyer, Eastman Kodak Company, Rochester, N. Y., secretary. Addresses at this session are scheduled as follows:

"Prevention and Reclamation," Dr. Harry E. Mock, Chicago.

"Doctor and Patient vs. Employer and Employe," Dr. C. C. Burlingame, manager, service department, Chenex Brothers, South Manchester, Conn.

"The Dental Dispensary; Its Importance, Its Help, Its Cost," H. M. Brewer, director, dental dispensaries, National Cash Register Company, Dayton, O.

On September 29 at 9:30 a. m. there will be a joint session of the Health Service Section and American Association of Industrial Physicians and Surgeons under the chairmanship of Dr. Otto P. Geier, director, employes' service department, Cincinnati Milling Machine Company, Cincinnati, O. The A. I. P. S. has called a special meeting in connection with the Congrees.

"President's Address: The Future of Industrial Medicine in a Labor Policy," Dr. Otto P. Geier, president, American Association of Industrial Physicians and Surgeons.

"Fractures Incident to Occupation," Dr. J. Moorhead, New York.

"Industrial Surgery," Dr. William O'Neill Sherman, chief surgeon, Carnegie Steel Company, Pittsburgh, Pa.

A second joint meeting of these organizations will be held at 2:30 p. m., September 29, under the chairman-ship of Dr. W. Irving Clark, Jr., with the following addresses:

"Physical Examination of Employes," Dr. A. W. Colcord.

"Fundamental Requirements for Successful Medical Work in Industry," Dr. W. A. Sawyer.

"Occupation Hazards and Diagnostic Signs," Dr. Louis J. Dublin and Philip Lieboff, statistical department, Metropolitan Life Insurance Company, New York.

Other papers of interest to those engaged in industrial medical work include:

"Industrial Nurses in Mining Communities (Metal Mining), George Martinson, Safety Inspector, Hibbing, Minn.

"Industrial Nurses in Mining Communities (Coal Mining).

These will be read at the Mining Section conference September 28.

"Field Hospitals and Their Value," Dr. J. P. Cleary,

The Sum of Evidence

is that talcum is the most trustworthy of all the "Indifferent" dusting-powders, and that its value as such is enhanced by the admixture of the proper proportion of chemically pure boric acid.

Many so-called Borated Talcum Powders consist of soapstone and boric acid containing such irritant impurities as metallic chlorides and sulphates, of which impurities Colgate's is free.

COLGATE'S TALC is composed of super-fine talcum (magnesium silicate) and recrystalized boric acid. It is exceptionally soothing and absorptive.

There is something significant in universal respect for a name. Wherefore the wisdom of remembering COLGATE'S TALC when ordering a simple dusting-powder for the sick-room or nursery.

Samples to physicians or nurses, on request.

COLGATE & CO.

Dept. 86

199 Fulton St.

New York

The new book "A Babe in the House," written by an authority on baby care, is invaluable to mothers and nurses. A complimentary copy will be sent on request of a physician or nurse. The price to the public is 10 cents apiece.



Du Pont Engineering Company, Detroit. Before Construction Section September 29.

"Medical Service in Public Utilities," Dr. C. H. Lemon, The Milwaukee Electric Light & Railway Co., Milwaukee. Before Public Utilities Section, September 29.

"Health Surveillance of Workmen Exposed to Industrial Poisons," Henry F. Doepke, safety engineer, National Aniline and Chemical Company, Inc., New York.

"Treatment of Acid and Akali Burns," Dr. A. K. Smith, medical section, E. I. du Pont de Nemours & Co., Wilmington, Del.

Both of these papers will be read before Chemical Section September 30.

"Burns and Scalds," Henry K. Batchelder, A. C. Lawrence Leather Company, Peabody, Mass. Before Meat Packers' Section September 30.

"Value of Physical Examinations and Reconstruction," A. A. Bureau, safety engineer, Morris & Co., Chicago. Before Meat Packers' Section, October 1.

The Women in Industry Section of the Council has prepared the following program:

September 29

"What the Industrial Nurses Can Do for the Woman Worker"—Miss Mary Lent, R. N., associate secretary, National Organization for Public Heath Nursing, New York.

"Shop Standards and Fatigue"—Bernard J. Newman, Sanitarian, United States Public Health Service (R), Washington.

"Practical Methods of Reducing Fatigue"—Mrs. Lillian Gilbreth, Montclair, N. J.

September 30

"Management Problems Related to the Employment of Women."

"The Interest of the State in Its Woman Industrial Workers"—Miss Frances Perkins, Commissioner, New York State Industrial Commission, New York.

"The Future of Women in Industry"—Miss Helen Bennett, Manager, Chicago Collegiate Bureau of Occupations, Chicago.

All papers read before the Congress will be followed by discussion.

Industrial Nursing Institute

An Institute of Industrial Nursing will be held under the auspices of the New Haven Visiting Nurse Association September 20 to 30 at 35 Elm street, New Haven, Conn. Among the subjects to be discussed are: industrial nursing, Florence Swift Wright; hospital management and record keeping, C. C. Burlingame.

Holds Industrial Clinic

The health department of Norton Company, Worcester, Mass., has instituted a monthly clinic for the discussion of cases of industrial disease and accident. Industrial physicians and surgeons and others interested are invited.

Mining Company to Have Hospital

The Oliver Iron Mining Company, a subsidiary of the United States Steel Corporation, has decided to erect a large modern hospital building at Iron Mountain, Mich.

Co-operate With Hospital

Employes of Colt's Fire Arms Plant Have Few Cases of Infection; Equipment of Dispensary

By Joseph Rudy, R. N., First Aid Department, Colt's Patent Fire Arms Manufacturing Company, Hartford, Conn.

The Colt's Patent Fire Arms Manufacturing Company has a well equipped emergency hospital that takes care of all injuries and emergency cases of illness developing in the plant during working hours. We are fortunate in having a first class city hospital convenient, where all major operations are performed and all cases of serious illness or injury are cared for:

The emergency hospital consists of four rooms, male and female waiting rooms and examination room, all adjoining the treatment room. This suite is well lighted and ventilated, is centrally located with reference to all departments, easily accessible from the street, with convenient elevator service and a wheeled stretcher on hand when necessary.

The equipment consists of one Castle electric water, dressings and instrument sterlizer, a combination medicine and instrument cabinet, eye, ear, nose and throat case, spot lights and electric magnet, screens, chairs, etc. All furnishings are of steel, white enameled. There are two glass top dressing tables with instruments and dressing materials in glass jars, bottles containing benzine, alcohol, iodine, etc. Unguentine, boric, and zinc oxide ointments are conveniently arranged in small jars to give efficient and quick treatment. Two hospital beds are always ready.

All employes are urged to report the slightest injury. Redressings are carefully followed up, the cards in the active file being checked over daily.

If an employe fails to report for a scheduled dressing, the case is investigated. This often involves a trip to the home of the employe by a member of the emergency hospital staff. An automobile is kept at the disposal of this department at all times during working hours. It is used in taking injured or sick employes to their homes or to the city hospital, as well as to look up those absent or injured. The company has lately started the physical examination of all new employes, but we have not advanced far enough in this to give any definite information.

The injuries in the plant are mostly incised wounds with a sprinkling of lacerations, bruises, substances in the eyes and a fracture now and then. There are very few infections, showing the co-operation by the employes in reporting the smallest injuries.

The company employs a part time physician and three full time registered trained nurses. A medical and surgical clinic is held for an hour each day at the factory hospital by the company's physician, at which time, the employes are at liberty to consult the doctor for any advice or treatment without charge. It is our aim to encourage the employes to avail themselves of this privilege regardless of the origin of the ailment.

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Adrenalin in Medicine

1-Its Physiological Action.

medullary portion of the suprarenal gland and other chromaffinic cells, adrenalin, has been used by physicians throughout the civilized world since the day we introduced it, almost twenty years ago. It has attained a position of importance in the medical equipment that was hardly dreamed of in those early days when comparatively little was known concerning its physiological action. Today its effect on most of the tissues is pretty well defined.

Adrenalin affects body tissues in a manner strikingly similar to the effect produced by stimulating the sympathetic nerve system. Thus, if the sympathetic nerves govern the contraction of certain unstriped muscle tissue, adrenalin, too, will contract it. If, on the other hand, the tissue in question is supplied with inhibitory impulses by this nerve system, adrenalin relaxes it.

These actions, however, are exerted neither through the medium of the sympathetic nerves nor directly upon the muscle fibres themselves. The receptive organs for these adrenalin impulses are the points of union of the sympathetic

nerves and the unstriped muscle fibres—the myoneural junctions.

Probably the most important action of adrenalin is stimulation of the muscular coats of the arterioles. At first there is acceleration of the pulse rate, but the rise in bloodpressure which results from vasoconstriction soon excites the vagus centre and as a consequence the heart-beat is slowed and strengthened. Besides this indirect vagus action, adrenalin stimulates the heart directly, thus producing more complete evacuation of the chambers. In large doses, however, adrenalin predisposes the heart to fibrillary contractions.

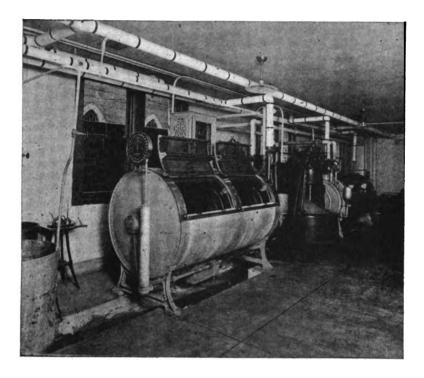
The stimulating action of adrenalin is exerted also on the dilator muscle of the iris (dilates the pupil); the muscular fibres of the uterus and vagina; the retractor muscle of the penis; the pyloric and ileocecal valves; the glycogenolytic function of the liver; the salivary glands and the glands of the mouth and the stomach.

Adrenalin relaxes the muscular walls of the esophagus, stomach and intestines. Also on the muscular coat of the bronchioles adrenalin has a relaxing effect, due probably to vagus stimulation.

PARKE, DAVIS & COMPANY

Laundry Equipment of Large Hospitals

Two Washers Needed by Institutions of 300 Beds; Lincoln Hospital, New York, Handles From 3,500 to 4,000 Pieces Daily



VIEW OF LAUNDRY DEPARTMENT OF THE BROOKLYN HOSPITAL, BROOKLYN, N. Y.

[EDITOR'S NOTE—This is the third of a series of articles dealing with equipment and methods of operation of hospital laundries. The series is based on a survey of a number of hospital laundries and on information from machinery manufacturers. Earlier articles described laundry departments in institutions ranging from 50 to 250 beds. Equipment of laundries in larger hospitals is described in the accompanying article.]

A hospital of 300 beds requires the following equipment for its laundry department, according to experienced laundry men:

- 2 standard size washing machines.
- 1 40x90 dry tumbler.
- 2 40-inch overdriven extractors.
- 1 flat work ironer, large size, 120-inch, cylinder type, either one or two cylinders.
- 4 38-inch steam presses.
- 1 90 gallon soap tank.
- 1 starch tank.
- 1 collar and cuff machine (optional).
- 1 sterilizer (optional).
- 6 galvanized iron trucks for washroom.
- 6 12-bushel sanitary laundry trucks made of canvas which can be removed and washed.
- Tables, electric irons, set tubs for washing special articles.

Dry room.

A view of the equipment of the laundry department of the Brooklyn Hospital, which is approximately of this size, is shown in an accompanying illustration.

The Rooseve't Hospital, New York, with 285 beds, uses the following equipment in the laundry:

2 large size American Cascade washers.

- 1 36-inch Troy washer.
- 3 regulation size extractors.
- 1 110-inch Hagan flat iron worker, six roll.
- 1 handkerchief flat iron worker.
- 1 large size dry tumbler.
- 1 6-rack dry room.
- 6 pressers (2 36-inch and 4 39-inch).
- 8 individual ironing boards.
- 1 bosom ironer.
- 1 collar and cuff ironer.

About 60,000 pieces of wash are handled weekly. The laundry personnel numbers 19.

Two other New York hospitals, the Presbyterian and the Woman's, the former with 250 beds and the latter with 202 adu't beds and 50 infant cribs, handle 8,000 and 4,000 pieces of wash daily, respectively.

Presbyterian Hospital uses two washing machines, four extractors, four pressers, two dryers and other necessary apparatus in proportion and employs 23 workers in the laundry.

The Woman's Hospital uses the following equipment:

- 2 washing machines.
- 3 extractors.
- 2 pressers.
- 1 dryer.
- 1 flat iron worker.
- 1 dry tumbler.

The number of workers is seventeen.

The 450-bed Linco'n Hospital, New York City, handled from 3,500 to 4,000 pieces of wash daily with the following machinery:

3 washing machines.

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Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

> THE GENESEE PURE FOOD COMPANY Le Roy, N. Y., and Bridgeburg, Ont.

1 extractor.

2 pressers.

1 dryer.

6 set tubs.

Soap tank.

Bluing tank.

Large steam dryer (automatic).

6 hand irons.

6 electric irons.

Starch tank.

A staff of 21 is required to operate this equipment and handle the work.

For an institution of from 400 to 600 beds the laundry should have four full size washing machines, four 40-inch extractors, two dry tumblers, three flat iron workers, two 90-gallon soap tanks, larger area for cabinet dryers and a greater number of electric hand irons. A force of 35 employes should be capable of handling the wash of a hospital of this capacity which would range from 20,000 to 22,000 pieces daily.

The next article of this series will discuss labor and supplies.

Compiles Health Survey Library

Reports of the Cleveland hospital and health survey which is being concluded under the direction of Dr. Haven Emerson, former health commissioner of New York, are being compiled in eleven volumes by Dr. Gertrude E. Sturges, who assisted in the survey. The library will consist of the following volumes: 1. Introduction; Central Sanitation and Environment; 2, Public Health Service and Private Agencies; 3, Program for Children; 4, Tuberculosis; 5, Venereal Disease; 6, Mental Hygiene; 7, Industrial Hygiene; 8, Education and Practice in Medicine; Dentistry and Pharmacy; 9, Nursing; 10, Hospitals and Dispensaries; 11, Method, Bibliography and Index.

Regional Health Conference

The first of a series of regional health conferences authorized by the International Health Conference in Cannes is to be held in Washington December 6-13. It will be devoted to a consideration of venereal diseases. The conference is being organized under the joint auspices of the U. S. Interdepartmental Social Hygiene Board, the U. S. Public Health Service, the American Red Cross and the American Social Hygiene Association to review experience and knowledge as to the causes, treatment and prevention of venereal diseases, and will formulate recommendations relating to a practicable three year program for each of the North and South American countries participating.

253 Ohio Hospitals Registered

According to the latest figures issued by the Ohio State Department of Health 253 hospitals, with a bed capacity of 31,500, have registered with the bureau of hospitals. Fifty dispensaries also are listed. There were 31 unregistered hospitals and 10 unregistered dispensaries on the records of the department.

Peak of Prices Reached?

Canned Goods and Coffee Slump; Other Items Fail to Show Customary Increase In Cost

Whether or not the peak of high prices has been reached in so far as certain articles required by hospitals are concerned is a question that is interesting superintendents and hospital buyers at this time since indications have developed tending to show that the steady rise in the cost of numerous items has been halted, temporarily, at least.

Textiles failed to show a marked increase in price for more than a month and blankets, particularly, on September 10 were reported to be available in greater quantities than in some time previous. There was a marked tendency on the part of purchasers to hold back, many giving as a reason that they expected a reduction in price.

Sheets and pillow cases also failed to make their customary monthly jump, but, because of labor conditions in the mills, supplies of these items were low and replenishment difficult. Dealers reported that they looked for no increase in price, although may were willing to pay more to obtain needed stocks.

Dealers in rubber goods, gauze, glassware and enamelware also reported slightly better conditions than previously, with prices about the same as had prevailed for a month or so earlier. Labor seemed to be regarded as the biggest factor in determining the future prices in these lines and no reductions were expected as long as workers continued to demand increased pay.

The scarcity of steel continued and articles manufactured from this metal maintained their high prices.

Canned goods, generally, were cheaper than a month earlier, despite predictions of steadily rising prices on account of restricted pack. To the condition of the money market was ascribed this unexpected slump and dealers looked forward to a resumption of the upward trend of costs later on, with a decided shortage in the spring. One jobber reported that canned tomatoes were selling below cost and added that this fact would have a further effect on those packers who had curtailed production because of excessive costs of labor and materials. The unusual price flurry, however, was regarded as only temporary in view of the fact that a decreased amount of fruits and vegetables were to be canned this year.

The coffee market was another that experienced a slump, a good grade suitable for hospitals selling at from five to seven cents lower than a month earlier. Financial conditions in Brazil that resulted in putting a large quantity of coffee on the market were ascribed as reasons for the lowering in price which enabled consumers to obtain for from 32 to 35 cents the same grade of coffee for which they had paid from 40 cents up in July.

There was no appreciable change in tea prices and the tea market was quiet.

Refinery Has Hospital

The Phoenix Refining Company, Sand Springs, Okla, has opened a hospital for employes. The building is fully equipped and has facilities for five patients.

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NOTICE

SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW 10 MIL. (C. C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the asceptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

The largest producers of Stock and Autogenous Bacterial Vaccines



10 Mil. (c.c.)

Twenty Preparations.

Beyond the experimental stage.

Millions of doses have been administered.



Sherman's Vaccines are Dependable Antigens"

8-Hour Day for Calgary General Nurses

Canadian Hospital Finds Its Schedule of Shorter Periods of Duty to Be Practical and Reasonable of Accomplishment

By L. M. Edy, R. N., Superintendent of Nurses, Calgary General Hospital

That nursing has become a profession is a firmly established fact, and with such a status it must needs consider some of the problems of nursing, such as instituting the eight hour day system in our schools of nursing in place of the present twelve hour day, which is not entirely in keeping with the obligations of a profession.

There is to my mind no argument against the eight hour day, if it can be adjusted in such a manner as not to cause discomfort to the patient and a large expense to the hospital in the form of a greatly increased personnel.

We have learned through experiments of scientific experts and also through our improved system of organization, that shorter hours increase the amount of work and improve its quality and there is no reason to suppose that the amount of staying power is greater in the individual in the nursing profession than in any other sort of work which calls for an equal amount of mental application plus supreme physical effort.

There is no university that taxes its students, both mentally and physically, as does the modern school of nursing and the hospital must realize that if it maintains a school of nursing, it must assume the responsibility that any teaching center does, which houses an educational institution. Unless that is a firmly understood fact by the members of hospital boards, they will not be able to see the necessity of adjusting conditions to meet the demands which are fast being forced upon us.

The relation of over-work and long hours to illness is supported by a wealth of clinical evidence. Fatigue is declared to constitute a permanent predisposition to all diseases and creates a condition of lowered resistance which not only invites infections of all kind, but aggravates the course of the disease.

The relation of fatigue to accidents and mistakes has also been well established. The attention flags, there is difficulty in concentrating thought and the result is that accidents often occur and we know that in nursing where concentrated attention and alertuess are so necessary, the patient's life may be endangered by the mistake or oversight of an overtired nurse.

A most interesting study of this question is found in the report of the English Ministry of Munitions, published 1917. The munition workers were working long hours with a great deal of overtime and it was proven that by reducing the hours, the health of the workers was greatly improved and the output of munitions was increased instead of decreased.

NIGHT WORK IS HARDER

There is also every evidence that night work is harder on the health than day work and the quality of the work inevitably suffers, which should be a strong argument in favor of the shorter hours, for of necessity there must be the night duty, as the hospital is not like the university which closes its doors each night, but must be kept at the same height of efficiency for twenty four hours of each day.

From a paper read at the 1919 convention of the Alberta Hospital Association.

It is apparent to all who are intimately concerned in the training of nurses that the tradition of long, continuous hours of duty as a test of their physical endurance does not suffice. The period of the survival of the fittest is past.

TEST OF PHYSICAL ENDURANCE

Too many fine women are lost to the profession because they could not measure up to this test of physical endurance.

All who are interested in the progress of nursing are proud of the steps made in raising standards and increasing teaching facilities, but the supreme test of our progress is the means we have commanded to conserve the health of our pupils. Today the profession needs women with vision, health and vigor. We want to send our women out as public health nurses, teachers of hygiene, social service workers—yet we fail to give them the very essentials each one will be expected to inculate in her work.

Opposition to the shortened hours may come from lack of funds to provide for the extra nurses and also from lack of accommodation for the nurses, but these reasons should not let us accept these conditions

The community which supports these schools must be educated to consider the life of the nurse and the danger that surrounds her from the time she enters the training school to the last day of her nursing activity. It is not so much the absence of exposure to disease that keeps us well, but the strength of power for resistance. It is the exhausted nurse who falls a victim to the infection which she has to encounter and the long hours are a most important contributing factor to this exhaustion.

The modern school of nursing has now a curriculum which enables the graduate to meet the demands of many branches of the nursing profession, which curriculum represents hours of study and constant application in a practical form for three years, therefore more time must be allowed for studies than can be arranged with the twelve hour duty. Then, too, there is ample time for recreation and it is possible for students to live the life of normal, healthy and energetic young women, with greater culture and a saner outlook on life.

The following schedule, with some modifications, has been in operation at the Calgary General Hospital since February of this year and has been found practical and reasonable of accomplishment.

FIRST DIVISION:

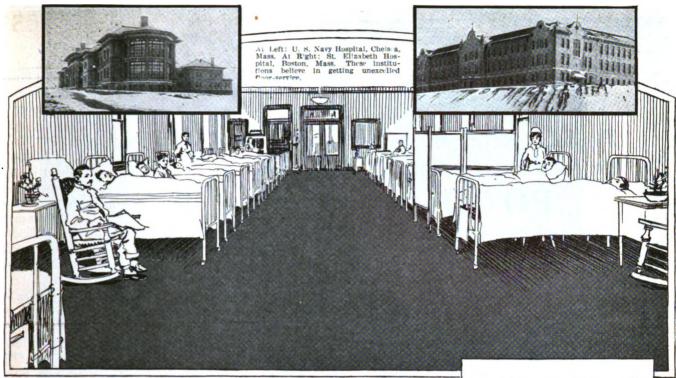
7 A. M. to 7 P. M.

With four hours off duty and 7 A. M. to 3 P. M., the latter time being taken by only one or two nurses on each ward.

SECOND DIVISION:

3 P. M. to 11 P. M.

The number assigned for this duty is usually not more than two nurses for each ward, taking the place of those leaving at 3 P. M. and carrying on the work



Better Hospital Floors -Service Guaranteed

BSOLUTELY sanitary and quiet—made in a soft, rest-A ful brown—Gold Seal Battleship Linoleum on the hospital floor is an important asset to patient comfort.

Resilient, easy to clean and yieldingly comfortable to tired feet, it appeals strongly to doctors, nurses and attendants.

Its oak-like durability and its wonderfully low cost per year of service have earned for it the unanimous approval of hospital executives.

An application of floor wax to its smooth surface gives it the soft glow of a fine hardwood floor.

Here is Floor Service—plus

We back the sturdy worth of Gold Seal Battleship Linoleum with an iron-clad Gold Seal Guarantee: - "Satisfaction guaranteed or your money back." This Gold Seal Guarantee appears on every two yards of this floor-covering and means just one thing—our absolute faith in the product.

GOLD SEAL

Battleship Linoleum (THE FAMOUS FARR & BAILEY BRAND)

U.S.Navy Standard

Gold Seal Cork Carpets

For those places where absolute silence is desired—use Gold Seal Cork Carpets.

Velvety soft and springy to the tread, this floor-covering deadens all sound of foot steps and is as yieldingly cushion-like underfoot as the heaviest car-

It is made with polished or dull surface in artistic restful shades of green, brown and terra-cotta -10 shades in all. You will find it remarkably durable and, of course, it is pledged by the Gold Seal Guarantee to deliver 100% in satisfactory service.

"Satisfaction guaranteed: or your money back"

Flooring experts are here, at your service, to help solve your hospital floor-covering problems. Specifications for laying are free upon request. Samples of these thorough-bred floor coverings will show you why we can afford to make our sweeping guarantee. Send for samples—today.

Congoleum Company

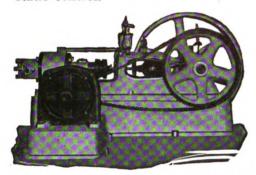
PHILADELPHIA CLEVELAND CHICAGO BAN FRANCISCO NEW YORK MINNEAPOLIS BOSTON DALLAS KANSAS CITY MONTREAL





Perfect Refrigeration for the Preservation of FOOD

"Automatic Evercold" assures continuous refrigeration service, with absolute safety to patients and attendants. Keeps food fresh. Makes pure ice. No expert mechanic or special engineer needed to operate the "Automatic Evercold". Starts itself and stops itself by thermostatic control.



"AUTOMATIC EVERCOLD" the Safety System

Uses carbonic gas as a refrigerant. This gas is non-inflammable, non-explosive, non-asphyxiating and non-corrosive. "Automatic Evercold" will keep cooling rooms and refrigerators at a uniform low temperature, that is pure, dry and sanitary.

500 lbs. to 500 Tons Capacity

A size for every refrigeration requirement. Produces refrigeration and makes ice at a nominal cost per ton capacity. Tell us your refrigeration requirements. We will gladly furnish you free an estimated cost of an "Automatic Evercold Iceless Refrigeration" installation.

AUTOMATIC CARBONIC MACHINE CO.

PEORIA, ILLINOIS

When you think of ICE

from 7 to 11 P. M. after the regular day staff has gone off duty.

THIRD DIVISION:
11 P. M. to 7 A. M.

Extra time is allowed each Sunday, all class and lecture hours are taken from time off duty and if a nurse who is on 3 to 11 P. M. duty has class at 4 P. M. she reports at 2 P. M. instead of 3.

DANGER OF OVERCROWDING

One of the greatest assets to the hospital is a sufficient number of nurses, but in having the required number, there is the great danger of over-crowding and not giving the nurses the attractive and good accommodation which is their right. No hospital is fulfilling its obligation either to the patient or the nurse, that fails in this particular, as a young woman cannot give the efficient service, coming from a crowded and poorly ventilated room that she otherwise would.

Too many hospitals try to economize in the nursing department, including accommodation for nurses, with the result that they turn out dissatisfied patients, and broken down, discouraged nurses. Plenty of good, healthy, happy nurses go to make satisfied patients and this is what every hospital must have to be a success.

So the need for shorter hours is indisputable and hospital boards must be incited to the point of action and not look upon the pupil nursing staff as a cheap means of securing nursing, entirely losing sight of the fact that the period of training is but a period of preparation and education and that the hospital is morally responsible for the physical condition of the student.

Then why not investigate all the new methods, all the conveniences, everything that will save the steps and conserve the energy of the nurse? Each hospital has its own problem and each must seek its own remedy.

Training for Service Men

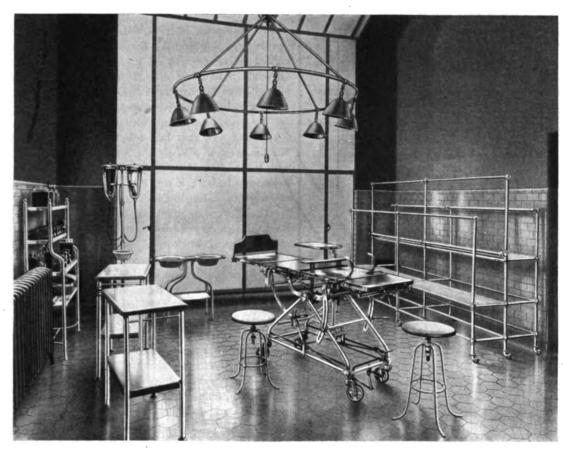
New York Organizations Begin Industrial Rehabilitation of Convalescent Tuberculosis Patients

The Federal Vocational Board, the National Tuberculosis Association and the New York Tuberculosis Association are co-operating in conducting a workshop and training school for the industrial rehabilitation of exservice men convalescent from tuberculosis whose disease has reached the arrested stage. When the shop has become self-sustaining other than ex-service men will be trained.

Under the instruction of experts, opportunities are offered for learning watch repairing, jewelry manufacturing (gold and platinum) and cabinet making. The shop, which is incorporated as the Reco Manufacturing Company, is located at 458 Pierce avenue, Long Island City, in a large, well lighted loft, with lunch room and other conveniences. Medical care and treatment are provided for emergencies.

As soon as a man learns to make goods that can be sold or repairs that are paid for he will receive union wages for that kind of work. This does not interfere with any compensation he may be receiving from the government.

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Operating Room
Toronto General Hospital (Shield's Emergency)

Scanlan-Morris Co., Madison, Wis. Toronto, Ont., July 9, 1914.

Gentlemen:

As you are aware, the first Bartlett "Noshadolite" to be installed in Canada was the one you supplied for us at the Shields Emergency Dept., Toronto General Hospital.

Before deciding upon this type, I visited scores of hospitals at night and tried out the illuminating systems in use in their operating rooms. Since ours was put in, it has been used for nearly all night operations for the entire hospital, which has, as you know, some 670 beds. Not one adverse criticism regarding the light has reached me, but the universal comment has accorded to it the position of being the best yet devised to facilitate the surgeon's work.

Yours sincerely,

(N. A. Powell) M. D., F. A. C. S. Surgeon in Charge.

SCANLAN-MORRIS COMPANY

MADISON, WIS., U.S.A.

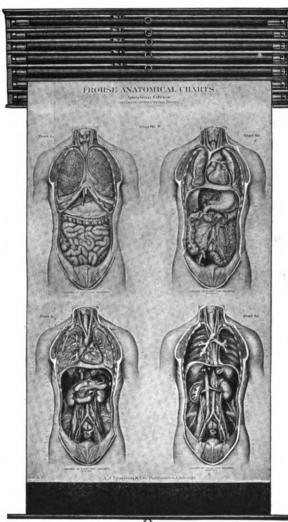
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Hospital on European Plan

Glendale, Calif., Institution Is Enthusiastic Over System After Experience of Two Years

The European plan is the most practical method of operating a hospital as far as food problems are concerned is the opinion of E. C. Kimlin, manager of the Glendale Sanitarium and Hospital, Glendale, Calif., who is highly enthusiastic over this system after an experience of more than two years.

"We are the only institution in the country, as far as I can find out, that has adopted this system," Manager Kimlin writes. "With the present high cost of food, and there doesn't seem to be any indication of prices lowering, I don't know how we could pay expenses if we were operating on the American plan.

"The European plan can be successfully applied to a hospital if every department will co-operate to the utmost. In this institution we have had the fullest co-operation and the plan is a success in every way. I do not believe that our medical staff and nurses would want to return to the American plan."

The minimum rate at Glendale, the writer points out, is \$20.00 a week for room and treatment. The Glendale Sanitarium and Hospital gives a patient a great deal more hydrotherapy than usually obtained in the average hospital.

"When people come for surgical operations," Mr. Kimlin continues, "we call their attention to the European plan and its advantages, telling them that for several days they will not be eating and for that reason their expense for food would be at a minimum. After two and a half years of this plan we are all very enthusiastic about it and we believe that in the not distant future hospitals all over the country will be forced to adopt it, especially if the cost of every commodity continues to rise.

"This plan is the only one I know of by which the hospital can secure the co-operation of the patient in keeping operating expenses at a minimum. When one thinks of it, it really is the fairest way to deal with people. A large eater should pay more than the one who doesn't eat quite so much."

Mr. Kimlin emphasizes the necessity of co-operation by all departments in making the European plan hospital a success. As evidence of the importance of co-operation he cites the case of two neighboring hospitals who changed from the American to European plan shortly after Glendale introduced the system and then reverted to the American plan again after a few months' trial and attributes the failure of the new system to a lack of co-operation.

According to Manager Kimlin Glendale charges less per dish than is asked in the average restaurant. Recently a number of accident cases were treated for which the bills were paid by an insurance company and in these instances the average cost to the patient was \$1 per meal, or \$21 a week.

Macomb, Ill., to Have \$100,000 Sanitarium
A \$100,000 tuberculosis sanitarium building is contemplated at Macomb, Ill.

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Essential for Standardization---

No matter how fully your hospital, in its various departments, provides the various facilities agreed upon as necessary in the maintenance of standardized service, it cannot make use of these facilities properly, and cannot qualify as a standard institution, unless adequate records are also provided. Every discussion of the vital question of standardization and of the service which it implies emphasizes the need for complete and carefully-kept records. Forms for such records have been approved by the American College of Surgeons—we can furnish them in any quantity desired.

Here Are the Approved Forms:

These are the forms prepared and approved by the American College of Surgeons, the organization which initiated the standardization movement:

1-Summary Card.

2—Personal History

3a-3b-Physical Examination, 1 and 2

4a-4b-Ear, Nose and Throat Record,

1 and 2

5-Eye Record

6-Operative Record

7-Pregnancy Record

8-Labor Record

9-Newborn Record

10-Urine and Blood

11—Sputum, Smears, Exudates, Transudates, Cerebrospinal Fluid, Cultures,

etc.

12—Gastric Content, Feces

13-Progress Record

14-Treatment Record

15-Nurse's Record 16-Graphic Chart.

17—X-Ray Requisition

18-Analysis of Hospital Service

Fill Them and File Them

Next only in importance to keeping your records accurately and fully is the work of filing them systematically, so that they are readily accessible for staff use or for other reference. Our binders and filing systems take care of this with the minimum of attention, and enable you to use your records after they are made instead of losing them in a mass of material.

Note This:

These forms have been adopted and are being used regularly in hundreds of progressive hospitals all over the country.

They are printed on high-grade bond paper, and will last indefinitely, as important records should.

You may have samples on request—just tear out this page and write your hospital's name on it.

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sign and finish, thorough in every detail of construction, especially economical in operation, and highly efficient in refrigerating properties.

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Australian Hospitals

(Continued from Page 50)

These do the more important surgical and medical work. In most cases the hospitals are managed by locally elected boards or committees, and as in New South Wales the medical attendance in most cases is honorary, with (in a few of the larger hospitals) here and there a paid resident medical officer. In some of the smaller towns as also in New South Wales, the medical officers receive a salary sufficient to induce them to settle in the town, and they have the right of private practice also.

Perhaps the hospital system of Victoria is the most satisfactory of those which adopt what may be termed the state-subsidized method. The state contributes to the revenue of the hospitals, to a considerable extent on the basis of the income of the hospitals, but with a very important modification as compared with the system of New South Wales. Instead of £ for £ on the subscriptions raised, it subsidizes pro rata to the results achieved. In other words, the more the hospital does the more money it receives from the state. The principle governing the allocation of the state grant is the daily average; the number of patients, taken in conjunction with the average length of stay of each patient; the cost per bed: the amount of local contributions; and the general management and necessities of the institution. But the main idea is the daily average number of patients, arrived at by the sum of the total number of days each patient has been in the hospital being divided by the number of days in the year. The weak point in the scheme is that there is no special merit in getting the patients out, or, in other words treating as many patients as possible in the year; and the hospital with an average number of days' stay of say 40 receives the same consideration as some with an average of 20 though the latter may treat annually twice the number of patients in the same number of beds. Still, however, the system is very effective, it costs the state much less than in New South Wales, though with very little less in the way of population, and it has had the effect of establishing a number of fine hospitals, which are run at a much less cost per bed than those in New South Wales. The Melbourne Hospital of 400 beds, which is a clinical school, is one of the finest anywhere and is a capital example of the state subsidized system. On a purely voluntary system it could not have been evolved and as a purely state institution it would not be so highly organized.

THE NEW ZEALAND SYSTEM

New Zealand has a system differing entirely from those of the Australian states. It has the same basic principle of state support or subsidization, but worked out on a different plan. Practically, it is a combination of the principle of state support and partial control, with local government management. The country is divided into 36 Hospital and Charitable Aid districts, which comprise within them a certain number of towns, and rural local bodies. These districts have Hospital and Charitable Aid Boards, the duty of which is to govern and maintain the various hospitals and other local charitable organizations, such as those dealing with indigent, infirm and old citizens, and these boards are elected by the rate



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start a fire. It is the most economical in the use of current. It saves time—it saves labor.

Prices

7 lb. size \$12.00 9 lb. size 13.00

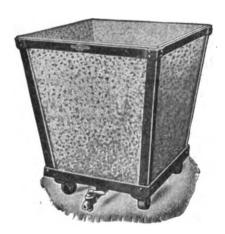
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The Sanitary Wash Room Truck

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For holding garments in taking them from the washer to the extractor. In use now by practically all laundries throughout the country. The tank is removable from the steel frame for cleaning—therefore in addition to being practically indestructible, it is thoroughly sanitary.

Price \$40.00



Our specialties illustrated are widely known and used among the hospital laundries, as well as large and small commercial plants throughout the country. Regardless of the size of the plant, or institution, we can furnish all the supplies and accessories to the laundry department and can take care of your requirements promptly and economically.

Our long experience in furnishing supplies and accessories to the laundry trade has shown us just what is necessary for good quality work. This experience is at your service. Whether you use Soap, Starch, Baskets, Blue, Trucks, Cotton Duck, Marking Ink, Tags, Tagging Machines, FRYBRO Washing Soda, ABESTO Electric Irons, or any other supply item—we can furnish same.

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ANNOUNCEMENT

of an important change in our corporate name.

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THE WILSON LABORATORIES

The resources, initiative and ideals of WILSON & CO., have animated this organization from its inception, and we feel that the medical profession and drug trade will prefer a name which very definitely establishes this connection.

Under this new designation our relationship is apparent, and we will not be under the necessity of explaining either through direct correspondence or by our representatives and detail men, the fact that we are an integral part of WILSON & CO.

The WILSON & CO. trade-mark has a definite protective value on food products. It has an equal significance on the Animal Derivatives used in medicine and surgery.

Our Laboratories are modern in every detail. The building has a boulevard location and was designed to give the maximum advantages for conducting this line of manufacture.

We have installed the most modern equipment for handling organic products, with special attention to essential details of temperature control and preservation.

Every step in the production of preparations bearing our label is directly in the hands of technical experts.

Our scientific staff is recruited from men of achievement and established reputation in the field of bio-chemistry.

The "Red W" on medical and surgical supplies carries with it the same guarantee of quality and satisfaction that it gives on Wilson food products. It is the mark of definite value and purity.

We are in a position, therefore to offer the medical profession the assurance that specification of our Animal Derivatives will ensure the best products available in this important Therapeutic field.

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payers of the local governing bodies within the boards' area on a proportion basis, so arranged that the largest and most populous areas have the largest representation. These boards having ascertained the probable cost of the various hospitals and other institutions in their area, fix a rate to be paid by the rate payers and the government is then called upon to contribute a proportion of the necessary income on a somewhat complicated system, which roughly works out at something like £ for £ on the amounts raised by rates. This system has little effect in stimulating local voluntary contributions, except for some special purpose, and thus the system is one of state-cum-local bodies. The state so far exercises but little control, however, in the management and the Dominion Parliament is not satisfied with the system. I have reason to know, indeed, that probably before long a more purely state system of hospitals will be projected. Still it has to be admitted that the hospitals of New Zealand are well organized and equipped, though no doubt the resident medical officers or superintendents, exercise a powerful control. In the larger hospitals there are honorary medical staffs, but they do not generally appear to do the work which is done by the similar staffs in Australia.

EFFECTS OF THE SYSTEM

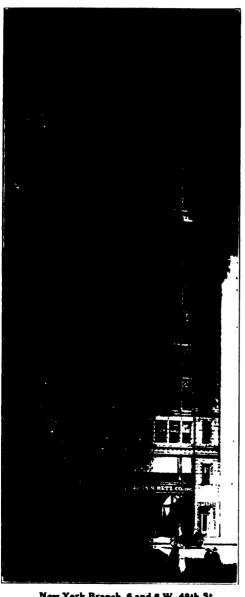
It will be seen from the foregoing that our Australasian system consists somewhat of samples of state aided or state conducted hospitals. We are trying experiments. New Zealand is the most experimental and its system certainly has the effect of providing hospital managers with sufficient funds. In fact, the complaint of the rate payers is that too much is asked of them in this regard. But it has not yet been shown that the local bodies, on an elective basis, are the most competent people to manage such a complex institution as a hospital. In New Zealand, as in Australia, the tendency is to greater state control. It is coming to be recognized that after all the matter of the public health is a national and not a local concern. The state deals with matters of far less general import, and in these days the main thing is to get population from within as well as without. Therefore, people are all turning to the state for the means to run hospitals and to control them. "Nationalization" is the cry, but there is no educated cry. It is purely a parrot cry. There is no public conception of the difficulties, financial and administrative. Immediately the state takes control the benevolent public steps out. As we see in the states where there are state hospitals, and in New Zealand, generally, the management is not equal to that of the institutions conducted by selective boards.

Then there is the question of medical attention. At present medical men are prepared to give their assistance in an honorary capacity, not always, of course, from freely altruistic motives, and so long as only the poor who are unable to pay for medical attendance outside, are the only patients, they would probably go on doing so, even in state hospitals. But once the principle is admitted that, if a man pays by taxation for the upkeep of hospitals, he has the right to attendance in those hospitals which is a logical conclusion, you bump up hard against the honorary system. That involves payment of staffs and great expense and many other problems. The whole question of "nationalization of health" bris

The Frank S. Betz Company

Opens New York Branch and Buys Out

Crown Surgical Instrument Co.



New York Branch, 6 and 8 W. 48th St.

Indiana Firm Acquires the Entire Stock and Business of Well Known New York Firm

The hospitals and medical profession of the United States will be interested to know that the Frank S. Betz Co. of Hammond, Ind., who recently opened a complete exposition and salesroom at 6 and 8 West 48th St., New York City, have purchased the entire stock and business of the Crown Surgical Instrument Co., located on 8th Avenue near 49th Street, and will retain the services of the entire Crown Surgical Co.'s organization, including Mr. A. G. Roberts, who will manage the new Betz Salesrooms at 6 and 8 West 48th Street.

The Crown Surgical Instrument Co. was organized seventeen years ago by Mr. A. G. Roberts. The business was developed to the very highest standards, and the reputation of the firm for quality of products and service established it as one of the leading surgical supply houses of the world.

The Frank S. Betz Co., while having the largest factory in the world for manufacturing surgical instruments, medical supplies and hospital furniture, has heretofore operated on a direct mail order basis. But in order to meet the demands of the physicians in the East and of Export trade, the branch at 6-8 West 48th Street in New York City

We especially invite hospital people attending the convention of the American Hospital Association at Montreal to visit our Eastern branch while in New York City.

See Our Convention Exhibit Spaces 5, 6, 7 and 8.

FRANK S. BETZ CO.

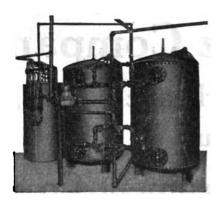
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Is so vital and so evident that we need not dilate upon it here.

Both physicians and nurses appreciate the healing, cleansing properties of pure, soft water; and, conversely, the positive danger attendant upon the use of hard water, after operations, and in the daily care of the sick. The

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is peculiarly adapted to hospital conditions, because it supplies water that is neutral—neither acid nor alkaline—just pure H₂O—

And because the equipment itself is so simple that it calls for no expert attention.

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Added to the therapeutic, sanitary and humane advantages of soft water in a hospital, are the economic advantages:

Soap and soda saving in the Laundry and Kitchen.

Soap saving at every basin and bath tub. Saving in wear and tear upon linen. Saving in fuel, due to the removal of all scale from boilers, heating plant and plumbing.

Any one of these four items will pay dividends on a Borromite installation. All four combined, plus the enhanced reputation and increased paypatronage of the hospital, make the Borromite System well nigh indispensable.

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Members of Associated Manufacturers of Water Purifying Equipment tles with difficulties and though it is on many of the political platforms and programmes, the politicians seem to fight shy of giving it effect. But still the tendency here is surely toward state hospitals under state control, and we look for it in the future.

New Bergen County Buildings

Building is in progress at Oradell, N. J., on two new hospital pavilions, one for tuberculosis and one for contagious diseases. The two units which, with their equipment, are authorized by a recent appropriation of \$300,000 by the Bergen County Board of Freeholders, will be a substantial addition to the present county hospital group. The construction follows a well developed plan formulated by the board of freeholders, medical board, county medical society and an advisory board of citizens. With the present buildings, those under construction, and the new smallpox pavilion now being completed, Bergen County will be well equipped to care for communicable diseases, epidemics and disease outbreaks.

Studies Nursing Problems

The committee on nursing of the American Conference on Hospital Service of which Miss Mary C. Wheeler, superintendent of the Illinois Training School for Nurses, Chicago, is chairman, has prepared a list of questions dealing with nursing problems which are being sent throughout the country. Suggestions for making training more efficient without lowering nursing standards, reasons for the shortage of nurses and opinions on the value of three-year and two-year nursing courses are asked in the questionnaire.

"Wilson Laboratories" the New Name

Emphasizing the direct connection of the laboratories formerly known as the Hollister-Wilson Laboratories with Wilson & Co., from whose packing plants the materials used are derived, the name has been changed to the Wilson Laboratories. W. J. Burns, who has been with Wilson & Co., will be business manager, while David Klein, formerly an instructor in the chemical department of the Johns Hopkins University, will have charge of the chemical division of the laboratories. Dr. Prentiss McKenzie continues in charge of the general sales work.

Series on Adrenalin

The scientific aspects of adrenalin are dealt with in a series of short essays prepared by Parke, Davis & Co., chemists, Detroit, the subjects including "Adrenalin in Medicine," "The Treatment of Asthma," "The Treatment of Shock and Collapse," "The Treatment of Hemorrhage," "Adrenalin in Combination with Local Anesthetics" and "Adrenalin in Organo-therapy." This series, which is of interest to physicians, will be extended as more facts are developed in the domain of endocrinology.

Patients' Cost Rises in New York

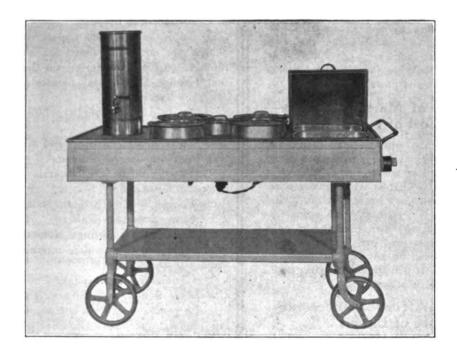
The per capita cost of patients in the New York state hospitals for the insane was \$304.09 last year, according to the annual report of the commission, compared with \$262.32 for the previous year and \$208.91 for 1914.

High Cost Stops Hospital Construction

Construction of the John Dibert Memorial Tuberculosis Hospital at New Orleans, for which \$305,000 was donated by Mrs. John Dibert in 1915, has been indefinitely postponed by city authorities because of the high cost of building materials.



PORTABLE ELECTRIC STEAM TABLE



An electric-heated conveyor, providing hot food service at the bedside. Heat is maintained by electric heating units under water compartment. Can be easily attached to any electric-light socket. Equipped with "WEAR-EVER" aluminum utensils, consisting of a specially designed "WEAR-EVER" Coffee Urn, four covered vegetable jars, one covered gravy jar, and two meat pans with revolving cover.

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We manufacture and supply for Hospitals, Institutions, Hotels, Restaurants and Dining Cars all items used in the preparation and service of food.

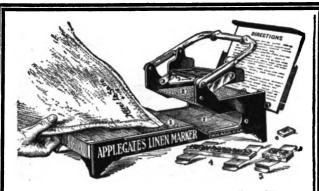
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It is literally true that the saving accomplished by the use of the Applegate linen marker pays for the machine in a very short time—the shorter on account of the very low price, \$20.00, plus the cost of dies furnished by us. When it is considered that the cost of linens is higher than ever before, it is obvious that every possible precaution against loss should be observed; and proper marking is the first and most obvious.

The Low Cost of Marking Linens— The High Cost of Not Marking

That is why marking, with an inexpensive and practical machine such as this, is not only a necessary operation, but one whose cost is so trifling as to be negligible. That is why, on the other hand, failure to mark linen properly is an invitation to loss, which is certain to mean a substantial additional operating expense for the hospital. Name, Dept. and Date—any one, two or all three—permanently marked on any kind of cloth, all at one impression. It will surpass all your hapes for efficiency and satisfaction.

You Cannot Afford Unnecessary Losses of Linens

No hospital can afford losses of any kind that can be prevented without difficulty. Proper identification of your linens, by the use of the Applegate marker and Applegate Guaranteed indelible ink, will pay big dividends in satisfaction and saving.

See Our Machine Demonstrated at the American Hospital Association Convention, Space 11, Montreal, Oct. 4-8.

Applegate Chemical Company 5636 Harper Ave. Chicago

4	i about your marker and impression slip, showing styles of dies.
Name	
Hospital	
City	
State	

Survey 550 British Hospitals

Red Cross and Order of St. John Pool Efforts to Assist Institutions of England and Wales

The British Red Cross Society and the Order of St. John, the organizations that pooled their interests and worked together during the war under the direction of a Joint Council composed of executives of both bodies, have decided to continue their association and direct their efforts to the relief of English hospitals. These institutions are in a serious condition financially and to afford immediate relief, the Joint Council has undertaken the following program, according to THE HOSPITAL, an English publication:

- 1. To obtain a hospital survey showing the volume of work during the year 1919 and the financial position in each individual hospital.
- 2. To make a public appeal for funds (5,000,000 pounds per annum is aimed at) and to allocate grants through a grants committee, on the recommendation of the Director of Hospital Services, after inquiry as to efficiency and needs.
- 3. To help in co-operative buying of hospital commodities.
- 4. To circulate statistical and other hospital information from the Central Bureau.
- 5. To co-ordinate the hospitals into groups or counties or other areas.
- 6. To relieve and help the hospitals by establishing more convalescent hospitals.
- 7. To arrange meetings for the dissemination of knowledge, and to stimulate interest in all matters pertaining to public health.

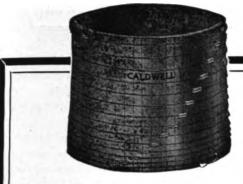
The Director of Hospital Services under the Joint Council is Sir Napier Burnett, K.B.E., M.D. He has issued a general survey of the hospital situation throughout England and Wales exclusive of London.

The survey deals with 550 hospitals in the fifty-five counties of England and Wales, which are stated to be approximately 78 per cent. of the voluntary civil hospitals, and omits those dealing exclusively with tuberculosis. 507 of the hospitals are stated to have 29,821 beds, and 498 treated 350,459 in-patients during the year. while 376 treated 1,600,869 out-patients. 33,500 cases are classified as medical and surgical, the former numbering 7,034, or 21 per cent. of the total, and the latter 26,466, or 79 per cent.

Five hundred forty-three hospitals showed, during 1919, ordinary income £2,835,269, and ordinary expenditure £3,310,896, the excess of expenditure over income being £475,627.

Of the ordinary income of 316 hospitals, £451,426 is shown as workmen's contributions. In 464 hospitals, £214,570 is shown as patients' contributions. In 248 hospitals £517,890 is shown as Public Services (War Office, Pensions Ministry, Borough or County Councils), and in 512 hospitals £423,044 is shown as interest from investments. The total from these four sources, £1,606,930, equals 56.67 per cent. of the ordinary income of 543 hospitals. 449 hospitals show invested capital as £9.585.865.

The survey shows that by far the greater portion of.



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at any time, always under good pressure. A dependable supply of good pure water is an essential to every hospital. With the Caldwell Cypress Tank it is a certainty.

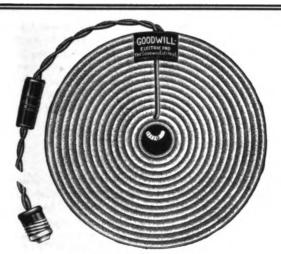
The Caldwell Cypress is constructed of the highest grade of longlived, non-tasting cypress, according to approved engineering principles backed by men who have been building tanks for over 30 years. Strong, durable and free from breaks.

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EXPOSURE

resulting from changing hot water bottles is dangerous.

BURNS

from freshly filled hot water bottles are frequent.

The temperature of the GOODWILL ELECTRIC PAD is more constant than that of your operating room. It will last as long as 8 hot water bottles. It is absolutely safe.

All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price \$8.00.

Use it 30 days at our risk-return it if it doesn't make

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Puffed by Millions of Explosions

Puffed Wheat is whole wheat puffed to bubbles, eight times normal size.

Each food cell in wheat contains a trifle of moisture. We turn it to steam. Then we create in every kernel a hundred million steam explosions.

Every food cell is blasted. Digestion is made easy and complete.

The same process—Prof. Anderson's process—is used in Puffed Rice. And Corn Puffs are pellets of hominy puffed.

These three Puffed Grains are the best-cooked cereals in existence. And to millions the most delightful.

Puffed Wheat Puffed Rice Corn Puffs



The Quaker Oals Company Sole Makers



Invest in the Best



YOU cannot go WRONG IF

P125-1-2

YOUR PURCHASER keeps "The Colson Line" of Catalogs for handy reference. QUIET, easy running, ball-bearing, rubber-tired wheels, trucks and wheel chairs. COMPARE this line with others before you BUY.

The Colson Co. Elyria, Ohio, U. S. A.

the gross deficiency belongs to the larger hospitals; & of these (general hospitals of 100 beds and over) had together a deficit in 1919 of £355,685.

The Director alludes to the preponderance of surgical cases, and thinks that the gradual exclusion of medical patients is a matter of some importance, although possibly these cases may be better treated in the quieter atmosphere of the convalescent home rather than amidst the turmoil of a large town or city.

The chief difficulties experienced at present are lack of financial support, of bed accommodations, and of nurses. To relieve these difficulties the scheme outlined above has been prepared. The Director hopes that some such steps will assist in the development of a National Co-ordinated Hospital System for the cure and prevention of disease.

St. John's Adds To Facilities

St. John's Hospital, Cleveland, recently purchased property adjoining the hospital grounds upon which to erect a nurses' home. There are two large residences on this site, which are being remodeled. When completed the Freshman class will occupy one, the Juniors the other, and the Seniors will remain in one of the older homes. The original nurses' home will be used for teaching purposes. The greater part of the first floor will be equipped as a pathological and chemical laboratory which will be the first in Cleveland and the most modern in the state. A large diet kitchen is being installed in connection with the main kitchen in the hospital.

Offers Bonus to Nurses

The nurses' training school of the Wyckoff Heights Hospital, Brooklyn, offers a bonus of \$300 to each girl who completes the three year course and passes all the examinations. This offer has been made to overcome the shortage of candidates. The hospital also has raised the allowance for student nurses, the new figures being \$15 monthly for the first year, \$20 for the second year and \$25 for the third year.

Increased Grant to Hospitals

As a result of the efforts of the Ontario Hospitals Association, the per diem grant of the provincial government was increased 45 cents a day for the hospitals of the province. Another activity was the opposition to the new budget tax as applied to hospitals. This campaign resulted in the saving of between \$75,000 and \$100.000 a year for Ontario hospitals.

Part Pay Patients Increasing

The number of part pay patients at the University of Virginia Hospital, Charlottesville, increased from 580 in 1916 to 1,374 for last year, according to the annual report which also disclosed the fact that charity patients in the same period decreased from 1,619 to 1,080.

American Women Establish Ward in London

The American Woman's Club of London has established a maternity ward in the Royal Free Hospital, known as the Washington Ward, which recently was formally opened by Princess Marie Louise.



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The doctor-the nurse-the interneevery employee in

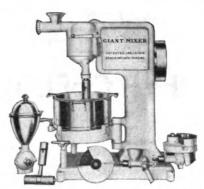
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A. H. A. Convention Program

(Continued from Page 36)

Discussion, by Rev. John O'Grady, Catholic University, Washington, D. C.

OCCUPATIONAL THERAPY AND PLACING OF THE HANDICAPPED.

by Miss Lilly E. F. Barry, honorary secretary, Catholic Social Service Guild, Montreal.

Discussion, by Miss N. F. Cummings, managing editor, "The Hospital Social Service Quarterly", New York. PROBLEMS OF THE SOCIAL SERVICE SURVEY.

by Mr. Michael M. Davis, Jr., chairman, committee on study of hospital social service, Boston.

Discussion, by Dr. Anna M. Richardson, field secretary, Discussion, by Miss Ida M. Cannon.

Joint general session, large convention hall AMERICAN HOSPITAL ASSOCIATION

AMERICAN CONFERENCE ON HOSPITAL SERVICE

Program to consist of a summary of reports by Dr. John M. Dodson, dean, Rush Medical College, Chicago.

Miss Mary C. Wheeler, superintendent, Illinois Training School for Nurses, Chicago.

Col. James T. Glennan, M. C., U. S. A., office of the surgeon general, Washington.

Miss Edna G. Henry, director of social service, Roben W. Long Hospital, Indianapolis.

Rev. Charles B. Moulinier, S. J., president, Catholic Hospital Association, Milwaukee.

FRIDAY, OCTOBER 8, 2 P. M. General session, large convention hall UNFINISHED BUSINESS, REPORTS OF COMMITTEES, ELECTION OF OFFICERS.

Fourth Red Cross Roll Call

Collection of the 1921 dues of the 10,000,000 members of the American Red Cross is to be carried on intensively between November 11, Armistice Day, and November 25, Thanksgiving Day. In connection with the fourth Red Cross roll call it was announced that more than 26,000 men still are in American hospitals as a result of the war. Red Cross service was rendered to patients as follows during the week ending July 9, according to a bulletin:

Naval hospitals	2,966
Eight psychiatric institutions	1,070
Public health hospitals	7,837
Contract hospitals	9,606
Army hospitals	
Total	26.414

Regulates Sale of Thermometers

The Sanitary Code of the City of New York has been amended to protect purchasers of clinical thermometers, manufacturers of which are now required to submit their products to the board of health for tests before offering them for sale. The thermometers will be tested by comparison with a thermometer certified and corrected by the United States Department of Commerce and Labor, Bureau of Standards. The amendment is effective October 1

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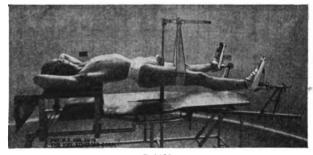
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Dr. George W. Hawley, as a result of his war experience, has introduced some new features which make the old model table—and it was generally conceded by fracture surgeons throughout the country to be unexcelled if not unequaled—even more up-to-date.

This table is strictly up to the K-S High Quality Standard in every respect—an assurance of supreme satisfaction to its users.

There is no patient, large or small, and no case, simple or complicated, but what can be successfully handled on the Hawley Fracture Table.

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Mohawk Sheets, 63/90	18.25
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Mohawk Sheets, 72/90	20.35
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Utica Pillow Cases, 42/381/2	
Ctica I mon Casco, in a	5.87
Utica Pillow Cases, 45/381/2	6.25
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Mohawk Sheeting, bleached,	222
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Lockwood Sheeting, bleached,	
9/4	.74
Lockwood Sheeting, bleached,	
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36", unbleached	.15
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R R R Crinoline, white, 30	.521/2
Pillow Tubing, 42"	Each
Dimity Spreads, 63/90	2.15
Dimity Spreads, 72/90	2.40
Climax Gingham, 26", blue and	Per Yd.
Climax Gingham, 20, blue and	.30
white nurse's stripe	.50
Provident Gingham, 32", blue	.35
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No. 280 Plain White Woolen	Per Pr.	•
Blanket, 60/80, cut single and		
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No. 1 A. C. A. Ticking, blue and white stripe, 8 oz	Per Yd.	
D-58 Mercerized Damask, 58"	.75	
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THE QUESTION BOX

Problems in Hospital Administration Dealt With From the Practical Side

Dr. Ben Morgan, 3508 Ogden avenue, Chicago, advises that West Side Hospital and Frances Willard Hospital, both of Chicago, give courses in intratracheal and intrapharyngeal anaesthesia. This information is in connection with an inquiry in July Hospital Management.

To the Editor: Kindly give me the names of several hospitals that make a regular charge for laboratory work.

EASTERN SUBSCRIBER.

It is assumed that this inquiry has to do with hospitals that make a charge against all patients regardless of the amount or character of laboratory work done. Almost every hospital has a schedule of fees for special laboratory work, but there is a growing tendency to make a uniform charge to encourage the use of the laboratory. The Hebrew Hospital, Baltimore, has made great strides in the development of this plan under the direction of Dr. Harry J. Moss, who now is superintendent of the Brownsville and East New York Hospital, Brooklyn. Presbyterian Hospital and St. Luke's Hospital, both of Chicago, make a charge against all patients that includes routine laboratory work, but special work is extra.

To the Editor: Please tell me the name of the hall or hotel where the American Hospital Association meetings will be held in Montreal. SOUTHERN SUPERINTENDENT.

The Windsor Hotel.

To the Editor: Are passports necessary for entrance into Canada for the convention?

ILLINOIS SUPERINTENDENT.

The Canadian government does not require passports from American citizens entering the Dominion.

To the Editor: Kindly furnish us with a list of books, together with their cost, for an up-to-date library for mterns. EASTERN SUPERINTENDENT.

It would be a difficult matter to get any two people to agree on the same list of books for a hospital library, but the following has been selected by Dr. C. W. Munger, Superintendent of Columbia Hospital, Milwaukee, as a satisfactory collection for reference both for interns and laboratory workers. A list of journals for interns is appended which is considered of equal importance to the books. The list follows:

ANATOMY

ANATOMY	
Human Anatomy—Piersol\$	9.00
Hand Atlas of Human Anatomy-Spalteholz (En-	
glish)	•••••
Applied Anatomy—Davis	8.50
Text Book of Anatomy—Cunningham	9.00
PHYSIOLOGY AND PHYSIOLOGICAL CHEMISTR	
Human Physiology-Howell\$	6.00
General Physiology—Bayliss	8.00
Text Book Physiological Chemistry—Hammarsten	
(English)	4.50
Physiological Chemistry—A. P. Matthews	4,50
Physiological Chemistry—P. Hawk	5.00
PATHOLOGY AND BACTERIOLOGY	
A Text Book of Pathology-McCallum	8.50
Postmortem Examinations—Wadworth	8.00
Chemical Pathology—H. Gideon Wells Digitized by	5.00

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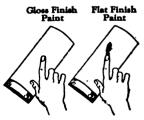
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Post-graduate Medicine—Caille	7.50
Practice of Medicine-Edwards	7.00
Treatment of Diabetes-Joslin	5.00
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Physical Diagnosis—Cabot	4.50
Physical Diagnosis-Norris and Landis	8.50
Differential Diagnosis—French	12.00
Diagnostic Methods-Webster-New edition	7.00
Practical Bacteriology-Stitt-New edition	3.50
Clinical Diagnosis—Simon	6.50
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Text Book of Surgery—Da Costa	8.50
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Disease of the Heart-MacKenzie	
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Annals of Surgery.
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Journal of Pharmacology and Experimental Therapeutics.
Journal of Surgery, Gynecology and Obstetrics.
American Journal of Roentgenology.
British Journal of Surgery.
Journal of the American Chemical Society.
Journal of the American Medical Association.
Journal of Biological Chemistry.
Journal of Orthopedic Surgery.
Journal of Physiology.
London Lancet
Deutsche Medizinische Wochenschrift,

Organize Laboratories

American Journal of Syphilis.

Mr. B. K. Hollister, having resigned from the Hollister-Wilson Laboratories, has organized The Hollister Laboratories, a Michigan corporation, with offices in Detroit and Chicago. The officers and directors of the new firm include: Mr. B. K. Hollister, president; Mr. H. A. Burnett, vice-president; Dr. C. S. Oakman, secretary and treasurer.

Mr. Hollister, through this new organization, will continue the preparation of surgical ligatures and specialties, maintaining also his active interest in the line of animal derivatives, with which he has been identified, by the sale of "Difco" digestive ferments, gland products, bacteriological reagents, dehydrated culture media and rare sugars.

By special arrangement, the Hollister Laboratories will enjoy the manufacturing facilities of the Digestive Ferments Company of Detroit, of which Mr. Burnett and Dr. Oakman are the active executives. Their highly developed scientific laboratories will supplement Mr. Hollister's knowledge and experience in the production of surgical ligatures and sutures.

New Hospital Pay Rate

(Continued from Page 46)

The grounds are extensive. Tennis and other forms of out-door exercises are encouraged.

Large rooms for lectures, classes and demonstrations, also for laboratory purposes, are provided in the fire-proof service building where also the nurses' dining rooms are located.

The dining rooms are large, airy, well lighted and suitably furnished. The diets are well adapted to the needs of the nurses. The food is carefully selected, well cooked and ample; and the dietetics of the hospital are under the supervision of a competent dietitian.

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U. S. A.



Wisconsin Hospital Association

(Continued from page 43)

tendents in simplifying the preparation of annual reports.

Dr. Munger raised the question of obtaining case records on private patients, doctors frequently objecting to having these made a part of the hospital records. Dr. Bresnahan's reply was that nothing that could be considered derogatory to the patient be included in the record, and that the case records be kept under lock and key.

Miss Shirley C. Titus, superintendent of nurses of Columbia Hospital, Milwaukee, spoke on "The Ideal Training School," in which she emphasized the importance of state or municipal aid, an endowment fund, a properly organized training school committee, an adequate force of trained, paid instructors, proper housing, with a separate room for each nurse, and the charging of tuition fees.

"The training school must be a real school, and not one in name only," she urged. "Put it on a sound economic basis. The community realizes the shortage of nurses, and should be willing to assist in training them by supplying funds for this work. Endowment funds can be obtained on the same basis."

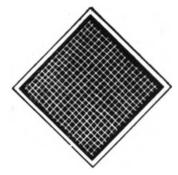
Miss Titus made the point that if the educational facilities of the training school are ideal, and if the nurse is given the proper housing and food, there will be no difficulty in collecting for tuition. Twelve schools, of which the training school of Johns Hopkins Hospital, Baltimore, was the pioneer, are now charging a tuition fee.

Mrs. Adelaide Northam, of Milwaukee, said in discussing the paper that there is a great need for promoting the play of nurses through a social director.

Howard Greene, Jr., manager of the Brook Hill Farm. Genesee Depot, which is a certified dairy of the Milwaukee Medical Society, gave a highly interesting and practical paper on "Safeguarding the Hospital Milk Supply." Two moving picture films, showing the processes of producing and distributing certified milk, were shown. Mr. Greene indicated in his talk that hospitals at present are not taking sufficient pains to obtain the highest quality of milk ,and suggested that an extra charge be made in cases where the top grade is supplied. Special patients on dietary care, babies and invalids should be given certified milk, he said. He emphasized the fact that pasteurization is not a cure-all. An important suggestion was that milk be bought in bottles and served directly from the bottle. There is more contamination from pouring into pitchers than from any other source, he contended. He recommended a regular weekly laboratory test of milk received.

Dr. Munger explained how the Columbia Hospital has been checking its milk supply through a routine bacterial count, and indicated that several dairies had been cut off the list because of the poor quality of milk thus indicated. He urged that the people employed by the hospital who handle the milk should be watched, as trouble may easily be caused from this source.

Some hospitals were reported to be operating their own pasteurizing plants, buying the milk from the farm and doing their own bottling. Mr. Greene indicated that



Curity Products will have a double exhibit at the Annual Convention of the American Hospital Association at Montreal in October. If you are planning to attend you will find a cordial welcome at the convention home of Curity Products.

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In your hospital, you have applied every instrument and device known to science, for accomplishing necessary work quickly and better than can be done with human hands. Don't neglect the second factor of your success—the kitchen.

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Limit 3 dozen to a customer Subject to exhaustion of stock

Our Universal Invincible 2-qt. Guaranteed Moulded Hot Water Bottles. Regular price \$24.00 per dozen. Sale price \$18.00 per dozen.

Orders must be MAILED by Oct. 15 and mention this special offer.

UNIVERSAL RUBBER Corp.

222 NORTH STATE ST., DEPT. B
CHICAGO



Right Light and Comfort

THE light which penetrates a sick room should be soothing to the patient's nerves and adjustable at all times to his conditionfor light is irritating if bright and depressing if gloomy.

With the ordinary window shade it is impossible to secure a proper distribution of light. Physicians

and nurses who realize this are installing Hartshorn "Two-Way" Rollers equipped with the celebrated Oswego Tinted Cambric or Triplex Opaque shade cloth. Hartshorn "Two-Way" Rollers operate from the center of the window toward top and bottom—a feature which admits of any desired graduation of light without interfering with ventilation, and insures right lighting conditions at all times.

Write for samples of Colors 214 and 204 in Tinted Cambrid and Colors 33 and 48 in Chouaquen Opaque which have been analyzed by chemists and adopted by Hospitals of some of the larger municipalities.



STEWART-HARTSHORN CO.

General Office: 250 Fifth Avenue, New York City

in this case the source of supply requires very careful watching.

Judge A. C. Backus presided at the banquet. Dr. Clarence Allen Baer, of Milwaukee, spoke on "The Duty of the Hospital to the Community," in which he urged that hospitals do preventive work, training nurses for public health work and also contributing through the training of dietitians.

Dr. Bresnahan suggested that the dispensary is making a big contribution to the public along preventive lines. He pointed out the responsibility of the trustees of hospitals, and urged them to have "medical audits" of their institutions to make sure that the service is all that they should be.

Frank E. Chapman, of Mt. Sinai Hospital, Cleveland, pictured the hospital as a workshop which is turning out well patients, and urged that business-like methods, requiring accounting for the product as well as for the money handled, be used.

Dr. J. W. Coon, of the Rivers Pines Sanatorium, Stevens Point, spoke on "Problems in the Hospital Treatment of Tuberculosis," in which he appealed to the general hospitals to participate in the treatment of tuberculous patients, saying that the disease is not as dangerous from the standpoint of the possibility of contagion as has been thought. The training of interns and staff doctors in the diagnosis and treatment of tuberculosis would be one of the most valuable results of this plan.

Dr. G. R. Ernst, of Blue Mound Sanatorium, Wauwatosa, reinforced this idea by saying that the morbidity rate among general hospital nurses is higher than among sanatorium nurses.

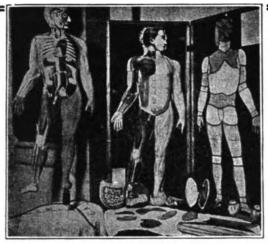
Dr. Louis M. Warfield, of Milwaukee, suggested that by having a separate department for the treatment of tuberculosis, the general hospital could handle the subject without great difficulty, and could treat to advantage cases complicated by other diseases, such as syphilis.

Richard E. Schmidt, of Richard E. Schmidt. Garden & Martin, Chicago architects, spoke on "Hospital Construction Problems," pointing out tendencies and practices with regard to the location of the various departments.

At the Friday morning session, Mrs. Carl H. Davis, of Milwaukee, spoke on "Occupational Therapy; Its Value to the Modern Hospital." She admitted the greater difficulty of carrying on this work in a general hospital as compared with a special institution devoted to tuberculosis, children, orthopedic, etc., because of the impossibility of making it a routine process. But in the general hospital it has proved its value in improving the morale of the patient, as well as because of its curative effect. The workshop has greater possibilities than efforts confined to the ward or room, because of the availability of equipment and materials of a special character. The co-operation of the doctors is vitally necessary to make the treatment of value.

Dr. A. F. Young, of Milwaukee, discussed the paper from the standpoint of occupational therapy for the mentally diseased, saying that it reduces the requirements for drugs, lessens the need of restraint, and enables patients to take better care of themselves. While it has economic advantages, it should be considered primarily from the standpoint of the benefit of the patient.

Dr. F. J. Gaenslen, of Milwaukee, urged that in de-



The Indestructible Manikin

Smith's American Manikin is indispensable to nurses' training schools and general practitioners. Height about 4 feet (mounted): light but strong; entire weight (including cabinet) is only 28 lbs. The Manikin body, as well as cabinet, made of wood, three-ply veneer, guaranteed not to warp or split. ALL DISSECTING PARTS (33 PLATES) MADE OF STEEL, THEREFORE UNBREAKABLE.

This manikin is far superior to charts for practical teaching, besides much cheaper.

Price (complete with cabinet), \$45.00—(value \$100.00).

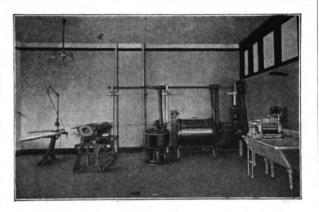
Orders never booked "as a sale" before goods meet your full approval after inspection.

Agents for the "Dalrymple" Nurses' (combination) Medical and Fever Charts (fifty sheets to a book).

Price, \$9.00 a dozen books, prepaid.

AMERICAN MANIKIN CO.

240 East 34th St. NEW YORK CITY



I NSTALL the complete equipment pictured above and you will find your laundry expense reduced to a fraction of its former cost. Also, you will then avoid the possibility of embarrassing delays through labor troubles.

Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

American Ironing Machine Co.

Hospital Department
170 N. Michigan Ave., Chicago

Alkali Efficiency

A knowledge of the comparative efficiency of alkalies when used for laundry purposes, is merely the checking up of results obtained.

Whatever preconceived ideas one may have or conclusions he may have reached by any other reasoning are valuable only in so far as they agree with results obtained under actual working conditions in the laundry.

The superintendent himself is the best judge as to whether

"Wyandotte". Yellow Hoop

does or does not do what he wants done.

The preference which Hospitals and Institutions everywhere show for "Wyandotte" Yellow Hoop is the proof we submit to you of its efficiency for laundry uses.

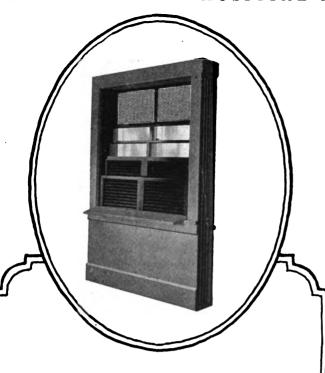
The man who pays the bills and checks the sanitary results from the use of this product is not supposed to be prejudiced.

Order from your supply house. If it is not all we say it is, the trial will cost you nothing.

J. B. FORD CO.,
Sole Mnfrs.
Wyandotte, : Mich.







WINDOW-WALL For the Sleeping Porch de Luxe

is especially adaptable to hospital use because it permits the entrance of much-needed fresh air into a room, and safeguards the patient against weather and drafts.

WINDOW-WALL is three windows in one. The screen, glass s a s h, and metal All-Weather Ventilator Sash are all in the same window unit.

The adjustable louvers of the All-Weather Sash permit any degree of ventilation with absolute weather protection and privacy.

WINDOW-WALL is supplied in standard sizes, or in special sizes and finishes to order. Easily installed.

Write NOW for complete data.

The Caskey-Dupree Mfg. Co. Marietta, Ohio

Window-Wall Department

Also Manufacturers of "Airolite," the Adjustable Ventilator.

Sales Agencies in all principal cities

veloping the curative workshop, the hospitals not make the mistake of crowding patients into quarters that have insufficient sunlight and air. He also emphasized the importance of graphic records showing the results.

Dr. Munger stressed the value of the plan in Columbia Hospital, telling of the greater contentment among the patients, whose minor complaints are reduced by having work made available to them.

Miss Gertrude I. McKee, superintendent of Children's Hospital, Milwaukee, told of a \$10,000 appropriation just made available for a workshop for this institution, which will extend the work, already demonstrated to have great value for the children.

Miss Esther Ackerson, dietitian of Michael Reese Hospital, Chicago, spoke on "Training of Pupil Dietitians," and pointed out the importance of scientific and executive, as well as practical training. The study of institutional management, buying and storing supplies, planning menus and directing the help are all problems which should be included in the studies of the student. She told of a new course outlined for dietitians at Michael Reese, and closed by pointing out the need of more dietitians. Miss Ackerson is president of the Chicago Dietitians' Association.

Miss Margaret Fritschel, of Milwaukee Hospital, discussed the paper, and said that those who undertook the study of dietetics should have studied home economics for four years and should hold college degrees.

A round table, conducted by Mr. Chapman, occupied the remainder of the session, and was devoted to the discussion of practical topics, such as the number of interns required for a 100-bed hospital, to which the answer was five, or one to twenty patients; how to obtain maids for the hospital, Miss McKee contributing some valuable suggestions on treating maids "as human beings"; methods of paying the X-ray man, the division of net profits being a favored plan; the question of an allowance for nurses, this being approved by most of those present; the use of nurses as anesthetists, another plan which was favored with the proviso that the nurse have a thorough training in a regular school of anesthesia; rates for beds, the discussion indicating a definite increase in charges due to the greatly increased costs of operating; co-operative buying, which was shown to be of doubtful value on account of inability to standardize articles of hospital consumption; formulas for washing gauze, in which great emphasis was laid on the value of the laundry washing machine as an actual sterilizer, and rates for industrial cases, in which the principle of obtaining cost for service was emphasized.

Mr. Chapman was given a vote of thanks for his efforts.

Among the exhibitors were the Horlick's Malted Milk Company, the Scanlan-Morris Company, the Lewis Mfg. Company, the Goodwill Electric Company, the Abbott Laboratories, E. H. Karrer Company, E. H. Sargent & Co., Sharp & Smith, the Heidbrink Company, Troy Lamdry Machinery Company, Hospital Service Company, Roemer Drug Company, Gridley Dairy Company, Palmolive Company, Colonial Hospital Supply Company, John McIntosh Company, Coast Products Company, Simmond Company, Will Ross, Lungmotor Company, Thatcher Laboratories and Mandel Bros.

EDMANDS Electric Bakers

(Patented)

The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

Send for our trial proposition

Manufactured by

WALTER S. EDMANDS

No. 9

Boston, Mass.

THE COFFEE PROBLEM



We have solved this problem for Hospitals, Sanitariums and other institutions in our coffee plant. We roast and grind all our coffees, so that a customer is always sure of the same excellence with each order.

OUR ARISTON COFFEE-CEREAL BLENDS are a perfect coffee beverage, with food value, and at a price that saves a tidy sum during the years

Furnished in following blends:

	Coffee-Cereal						
	Coffee-Cereal						
Ariston	Coffee-Cereal	Blend,	No.	3,	per	lb	.34
Ariston	Coffee-Cereal	Bland.	No.	4.	Der	1b	.322
A detan	Coffee Ceres!	Bland	Ma			11	20



409-411 W. Huron St.

Chicago, Ill.

"DEALERS DIRECT WITH YOU"

Forceps for Handling and Squeezing Alcohol Sponges

Suggested by Mr. A. S. Bacon, Supt. Presbyterian Hospital, Chicago



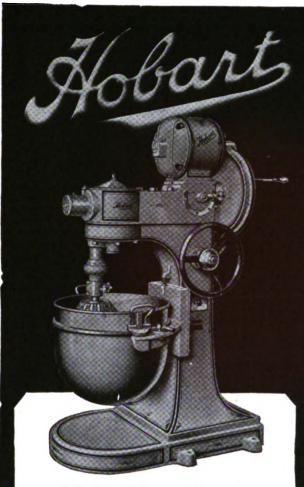
The forceps illustrated here was made by us during the war in accordance with directions received from Mr. Bacon. It is intended for the purpose of handling and squeezing alcohol sponges in the bottle instead of squeezing them in the hand and wasting a lot of alcohol.

The instrument has proven such a great success that now all of the operating and dressing rooms of the Presbyterian Hospital and several other large Institutions have been supplied with these forceps and the use of them has resulted in a great saving of alcohol. The length of the instrument is 9 inches.

V. MUELLER AND COMPANY, 1771 to 1785 Ogden Ave., CHICAGO

Makers of instruments and equipment for the specialists in every branch of surgery

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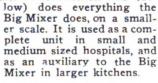


Make Your Sugar Go Farther

Py mixing the ingredients thoroughly and distributing the sugar evenly, the Hobart enables you to secure the same or even better results with less sugar. For the same reasons it also improves the quality of foods made with syrups and other sugar substitutes.

But the Hobart does more than save sugar, eggs and other costly ingredients. It increases the volume of all batters from 10 to 30 per cent. It saves the time of high priced help by doing all mixing, beating, whipping, slicing, grinding, chopping, grating, sifting and other laborious tasks.

The Big Mixer (illustrated above) is for large hospitals. The Kitchen Aid (below) does everything the



Write for Booklet A

The Hobart Manufacturing Co.

47-67 Ponn. Ave. TROY, : OHIO

Who's Who Among Exhibitors

The exhibitors at the American Hospital Association convention at Montreal, October 4-8, and space assigned them are as follows:

The Abbott Laboratories, Chicago, 79 American Laundry Machinery Company, Cincinnati, 81 American Manikin Company, New York, 82 American Sterilizer Company, Erie, Pa., 80 Applegate Chemical Company, Chicago, 11-B H. W. Baker Linen Company, New York, 74 Becton, Dickinson & Co., Rutherford, N. J., 51 Frank S. Betz Company, Hammond, Ind., 5, 6, 7, 8 Burdick Cabinet Company, Milton, Wis., 15 Caledonian Springs Company, Ltd., Montreal, 32 Campbell Electric Corporation, Lynn, Mass., 42, 43, 44. Canadian Hospital Supply Company, 43 Wilmot Castle Company, Rochester, N. Y., 62 Cleveland Breathing Machine Company, Cleveland, O., 64 Coast Products Company, St. Louis, Mo., 48 Creamery Products Company, Quincy, Ill., 73 Crescent Dish Washing Company, New Rochelle, N. Y., 20 DeVilbliss Manufacturing Company, Windsor, Ont., 9 Archibald W. Diack, Detroit, 77, cor. half Dominion Rubber System, Montreal, 13 J. B. Ford Company, Philadelphia, 17 Genesee Pure Food Company, LeRoy, N. Y., 18 Goodwill Electric Company, Chicago, 67 Frank A. Hall & Sons, New York, 33 Hobart Manufacturing Company, Toronto, 37 Holtzer-Cabot Electrical Company, Boston, 30 Horlick's Malted Milk Company, Racine, Wis., 10 Hospital Supply Company, New York, 36, 37, 38 Hygienic Brush Company, New York, 11-A Henry L. Kaufman, Louisville, Ky., 2 Kny-Scheerer Corporation, New York, 54, 55 Lewis Manufacturing Company, Walpole, Mass., 19, 28 J. B. Lippincott Company, Philadelphia, 23 B. Lowenfels & Co., Inc., New York, 29 Lungmotor Company, Boston, 3 Lyons Sanitary Urn Company, New York, 4 MacMillan Company, New York and Toronto, 75 Meinecke & Co., New York, 50 Minneapolis Surgical Supply Company, Minneapolis, 72 Morse & Burke Co., Brooklyn, 45 J. L. Mott Iron Works, Trenton, N. J., 76 National Marking Machine Company, Cincinnati, 40, 41 New York Association for the Blind, New York, 14 Pfaudler Company, Rochester, N. Y., 31 Albert Pick & Co., Chicago, 47 Radium Chemical Company, Pittsburgh, 24 Randall-Faichney Company, Inc., Boston, 65 Randles Manufacturing Company, Ogdensburg, N. Y., 1 Read Machinery Company, Inc., York, Pa., 27 Rhoads & Co., Philadelphia, 22, 25 P. L. Rider, Worcester, Mass., 71 Safety Anaesthesia Apparatus Company, Chicago, 26 Sandborn Company, Boston, 12 Scanlon-Morris Company, Chicago, 34 Sealy Mattress Company, Sugarland, Tex., 21 Seamless Rubber Company, New Haven, Conn., 16 John Sexton & Co., Chicago, 49 Simmons Company, Kenosha, Wis., 56, 57, 58, 59, 60, 61. Thorner Brothers, New York, 35 Toledo Technical Appliance Company, Toledo, O., 83 U-File-M Binder Manufacturing Company, Syracuse. 69-A Upsher Smith, Inc., St., Paul, Minn., 77-4

Face Fallacy with Fact

Repetition and reiteration of erroneous conclusions arrived at without logical deduction and study of actual facts, circulate fallacies which often handicap and hinder the physician in his efforts to do the best thing for his patients.

IT IS A FACT that Borden's Ragle Brand constitutes, when properly diluted and given, an adequate, properly-balanced, safe and satisfactory food for infants from birth up to one year of age.

This has been incontrovertibly established by

the records and results of our Baby Welfare Department and experience of physicians and surses all over the world.

IT IS A FALLACY

that condensed milk is dangerously deficient in fat. That its sugar content is excessive and unsafe. That its use predisposes to rickets or mainutrition. That it should not be used for infant feeding. To face such fallacies with facts, in the interest of the medical profession, mothers and children, will be the object and accomplishment of subsequent advertisements in this space.

See this space in October number.

THE BORDEN COMPANY

Borden Building New York City

Borden's EAGLE BRAND

Condensed Milk



Munktell's Swedish Filter Paper

The increasing demand for this celebrated brand of Chemists' Filter Paper, for which we are sole United States Agents, necessitates larger stocks than ever before on our shelves and an almost continuous flow of shipments to maintain it.

All arrangements to insure these conditions have been made so that we can supply the consumer out of stock with great promptitude.

Though the supply of raw material is not as yet up to the demand, it is improving and labor conditions in Sweden are becoming more stabilized so that while prices are not as yet normal, supplies are coming in faster.

Send us your orders. We can fill them promptly. Pamphlet giving prices and describing the different grades of this paper in detail furnished on request.

E. H. SARGENT & COMPANY

Importers, Makers and Dealers in Chemicals and Chemical Apparatus of High Grade Only.

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Let Us Pay Your Convention Expenses



Hospital Linens

The actual saving which you can make on our CONVENTION SPECIALS on which we guarantee immediate direct-from-Mill delivery, will more than take care of the expense of attending the big Hospital Convention at Montreal. Please check items you are interested in, and mail this advertisement to us at once.

Sheets — Pillow Cases — Spreads — Damask - Sheeting - Towels - Marquisette -Curtain Scrim.

Town State

SPECIALS

Individual Bordered Huck Towels, doz	\$1.25
16x32 Huck Towels, doz	1.95
Heavy Brown Crash, pure linen, yard	241/2
Mercerized Napkins, 17-inch, doz	1.75
Mercerized Damask, 70-inch, yard	1.10
Heavy Utility Pillow Cases of Indian Head	construc-
tion.	

42x36	 4.65	doz.
45x36	 4.95	doz.

Write for our NEW prices on Mohawk and Utica Sheets and Cases.

Walter H. Mayer & Co. 226 W. Adams St., Chicago, Ill.

Everything in Linens

JASCO

Clinical Thermometers

(CERTIFIED)

Each and every instrument guaranteed to pass the U. S. Government Test in every respect.

JAMISON-SEMPLE CO., Inc.

Hospital Surgical Supplies

152 Lexington Avenue

NEW YORK, N. Y.

Here It Is!

We know you want our individual,

Sanitary Sugar Bowls

for tray and cafeteria service, but per-haps you did not know where to buy them. We will fill your orders direct, and without delay.

Write for Catalog and Prices.

SCHOENHEIT & PIERCE

Manufacturers

6230 Penn Ave., Pittsburgh, U.S. A



Mr. Purchasing Agent!

We are an organization of physicians and scientists who know the needs of a hospital and co-operate with purchasing agent to secure apparatus and instruments that will serve best and most economically.

AMERICAN MEDICAL

Manufacturers Agents Assn. N. Y. C. 1123 BROADWAY

Huck Towels

Toweling

Turkish Towels

Reg. U. S. Pat. Off.

Terry Cloth PIERCE TEXTILE CORPORATION

45 Leonard Street

MANUFACTURERS

New York

DISTRIBUTORS

Pillow Cases

Napkins

Tray Covers and Scaris

Sheets

Sheeting

Bedspreads

Table Tops and Cloths

Wash Cloths

CONVERTERS COTTON AND LINEN FABRICS

Specialists in "Crest" Work and Fabrics with Inwoven Names. Write for Price List.

CLASSIFIED ADVERTISEMENTS

POSTGRADUATE COURSE IN OBSTETRIC NURSING

The Chicago Lying-In Hospital offers a four months' postgraduate course in obstetric nursing to graduates of accredited training schools connected with general hospi-

tals, giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the out department connected with it. On the satisfactory completion of the service a certificate is given the nurse. Board, room and laundry are furnished and an allowance of \$10 per month to cover incidental expense.

Affiliations with accredited training schools are desired as follows: A four months' course to be given to pupils of accredited training schools associated with general hospitals. Only pupils who have completed their surgical training can be accepted. Pupil nurses receive board, room and laundry and an allowance of \$5 per month. Address Chicago Lying-In Hospital, 426 East 51st Street, Chicago, III.

NURSING COURSES

THE WOMAN'S HOSPITAL
IN THE STATE OF NEW YORK
WEST 110th STREET, NEW YORK CITY,
150 Gynecological Beds
50 Obstetrical Beds

Offers to graduate nurses of Hospitals giving at least a two years' course, and to Training Schools desiring an affiliation, a six months' course in Gynecological and Obstetrical Nursing, Sterilizing and Operating Room Technic, Out Patient and Cystoscopic Clinics, Hospital Administration and Ward Management. A well planned series of lectures is given by members of the Attending Staff and the Pathologists, supplemented with class work under a Resident Instructor.

Classes are formed every second month. A Diploma is awarded to those passing the required examinations, and the privilege of the Registry is extended to the graduates of the School.

A Three Months' Practical Course in the following subjects is also offered:

 Gynecological Nursing with Sterilizing and Operating Room Technic.

2. Obstetrical Nursing with Delivery Room Technic.
The Nurses' Home, an eight-story fireproof building, with reception and class rooms, adjoins the hospital.

An allowance of \$25.00 per month with maintenance is made to each nurse.

Further particulars will be furnished on request.

JAMES U. NORRIS,

JOSEPHINE H. COMBS, R. N.,

Superintendent of the Hospital. Directress of Nurses. YONKERS HOMEOPATHIC HOSPITAL AND MATERNITY offers a two-and-one-half-year course in general nursing, with special training in medical and surgical work, at Harlem Hospital, to young women of good standing who have had one year in high school or its equivalent. Address Yonkers Homeopathic Hospital and Maternity, 127 Ashburton Ave., Yonkers, N. Y.

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Positions-Locations, Positions, Practice, etc., for Nurses,

Doctors, Dentists, etc., in ALL states. Nurses and doctors furnished, also attendants, companions, institution employes (male or female). Drug stores and drug employes—all states. F. V. Kniest, R. P., Bee Building, Omaha, Neb. Established 1904

POSITIONS WANTED

SUPERINTENDENT—Wanted, position as superintendent, by registered nurse, in a small hospital with or without training school. Institutional private duty nursing also considered where maintenance may be obtained. State salary and duties in first letter. Address S. L., 4949 Indiana Ave., Chicago, III.

SUPERINTENDENT—Wanted, position as superintendent of a small hospital, by a graduate unregistered nurse with seven years' hospital executive experience. At present employed, but willing to make a change for a larger opportunity. State full particulars when answering. Address A-106, HOSPITAL MANAGEMENT. 9-20

HELP WANTED

SUPERINTENDENT—Wanted, graduate nurse for superintendent and day duty. Salary \$85.00 and board. Also, graduate nurse for night duty, salary \$65.00 and board. Small private general hospital in health resort of Ozark Mountains. Excellent water and climate. Address Hospital, Eureka Springs, Ark.

Assistant Superintendent—Wanted, assistant superintendent, physician or layman, for 300-bed hospital. Address The Brooklyn Hospital, DeKalb Ave., Brooklyn, N. Y. 9-20

SURGICAL NURSE—DIETITIAN—Wanted, surgical nurse, and dietitian with hospital experience, for duty October 1, in high-class private hospital of 50 beds, with training school. Address Hospital, 1240 S. Tenth St., Omaha, Nebr. 9-20

SUPERINTENDENT OF NURSES—The Barnert Memorial Hospital of Paterson, New Jersey, an up-to-date, 85-bed institution, requires the services of a Superintendent of Nurses, with previous executive experience. Fair salary. Apply, with details, to Superintendent Barnert Memorial Hospital, 30th St. and Broadway, Paterson, N. J. 9-20

SUPERINTENDENTS, ETC.—Wanted, superintendents, Wyoming \$120, Texas \$125, Ohio \$100, Tennessee \$125, Oklahoma \$125, Panama \$150. Also night supt., \$85 to \$100 and asst. supt., \$100. Several supervisors, \$85. General duty nurses, Texas \$100, Michigan \$85, California \$90. Surgical nurse, Texas on Gulf, \$100, Missouri \$85, North Dakota \$100. Obstetrical supervisor, Kansas, \$100. We have many vacancies now open. 44 States call us for their hospital professional staff. No fee until after you receive your first month's salary. Write or wire Driver's Nurses' Registry for application blanks, Corner 33d and Charlotte St., Kansas City, Mo. 8-20

FOR SALE

FOR SALE—Eight-bed hospital and surgery, in small town on Puget Sound, in Washington. Two doctors. Can be handled by one nurse and a helper. Full information upon request. Address A-101, HOSPITAL MANAGEMENT. 9-20

STERILIZER CONTROLS

A Sterilizer Control is necessary every time a pressure sterilizer or autoclave is used

Sample on request

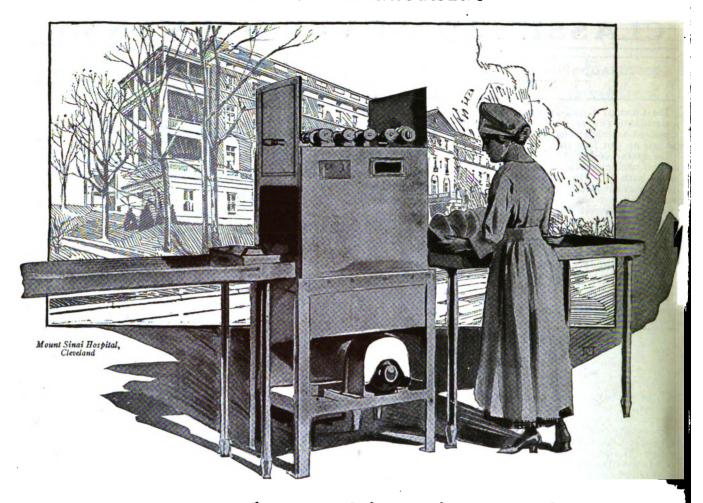
Box of 100, \$6.00

A. W. DIACK, 51 W. Larned Detroit

THE GRADWOHL SCHOOL FOR LABORATORY WORKERS 7 West Madison Street, Chicago, Ill.

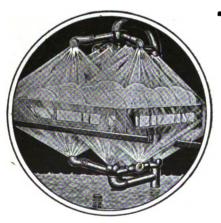
We are prepared to give physicians, nurses and hospital technicians a thorough course in CLINICAL PATHOLOGY, WASSERMANN TECHNIQUE, BLOOD CHEMISTRY.

ENROLL NOW FOR ANY OR ALL OF THESE COURSES. Full particulars upon request. We aim to perfect workers for private or hospital laboratory positions. Instruction personal.



Where Cleanliness Counts

—Use the Crescent Dish Washer!



AN EXCLUSIVE CRESCENT FEATURE—THE DOUBLE REVOLVING WASH

In the Crescent, revolving arms above and below send from nozales powerful, swirting jets of hot, soa by water which tho roughly strip and cut every atom of grease and food from the dishes. It finds the hidden dist. Only in the Crescent will you find this matchless revolving wash.

THE Crescent Glass and Dish Washing Machine will wash and rinse china and silverware of every shape or size in *one-fourth* the time consumed by expensive hand labor—and without breakage. This wonderful machine is today doing the work in hundreds of hospitals and sanitariums.

The Mount Sinai Hospital of Cleveland; the Wills Hospital, in Philadelphia; the Bethesda Hospital, in Cincinnati; the Muirdale Sanitarium, at Wauwatosa, Wis., and hundreds of other well conducted institutions selected the Crescent because of its remarkable efficiency.

The Crescent will do these four things for you: (1) reduce dish washing help; (2) scour your dishes thoroughly; (3) eliminate breakage of dishes; (4) reduce your kitchen expense hundreds of dollars annually.

Ask your Kitchen Outfitter about the Crescent.

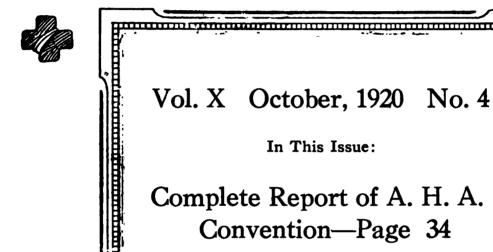
Illustrated Circulars Free

CRESCENT WASHING MACHINE CO. 84 Beechwood Ave. New Rochelle, N. Y.



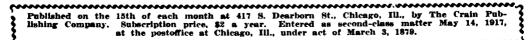
Only the Crescent has the Double Revolving Wash

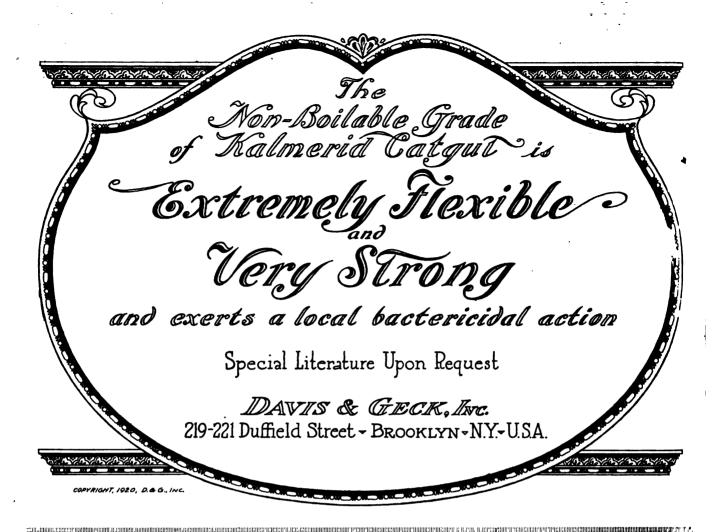
HOSPITAL MANAGEMENT



377 Hospitals Meet Minimum Standard—Page 40

Medical Service of Gillette Safety Razor Co—Page 64





Personal Service for Practical Hospital Programs

T O those civic bodies interested in the promotion of hospital programs, public health movements or community betterment campaigns the expert ability of the executives of The Community, Health and Hospital Service Company is now proffered. The scope of service offered embraces the following:

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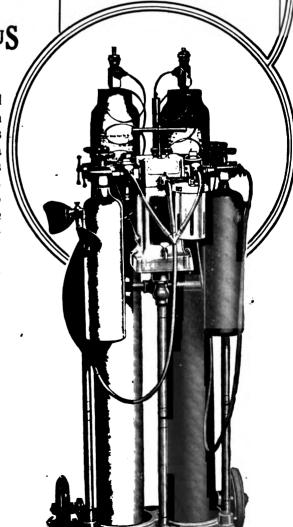
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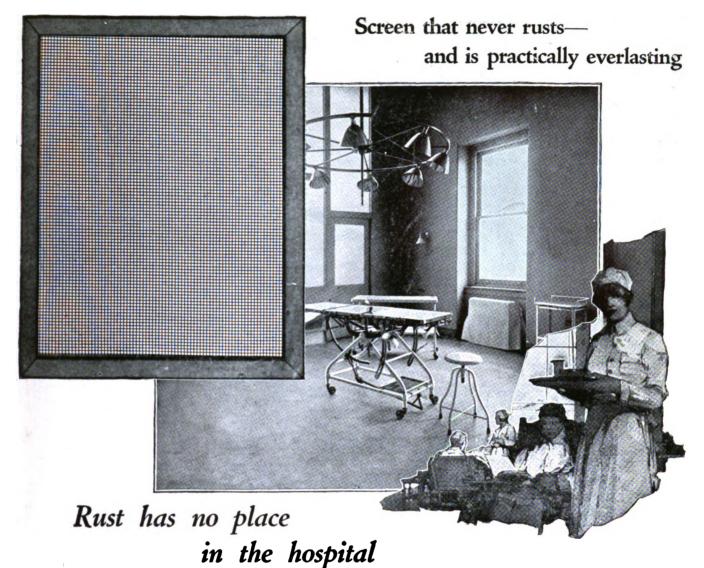
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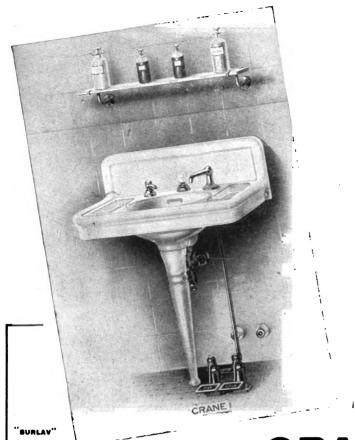
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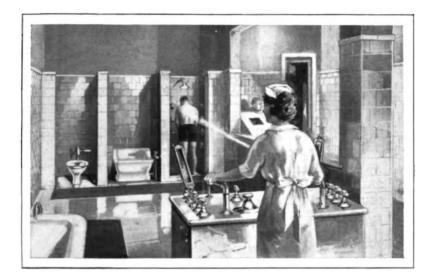
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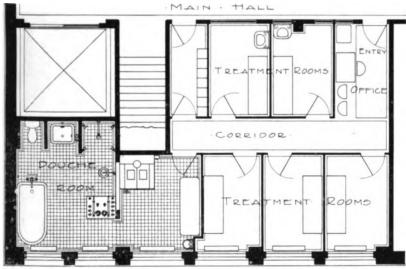
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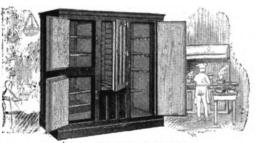
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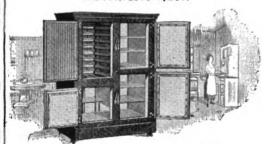
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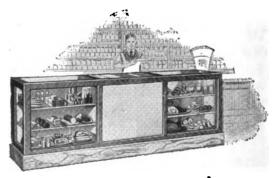
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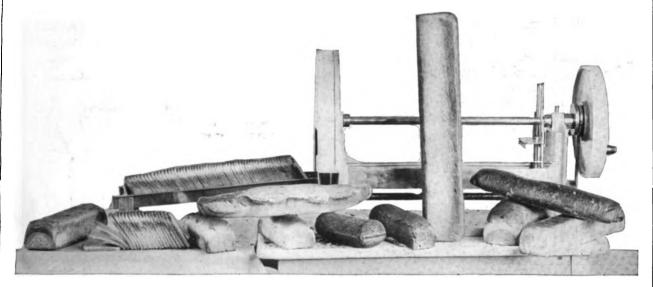


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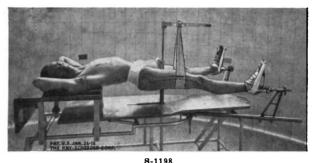
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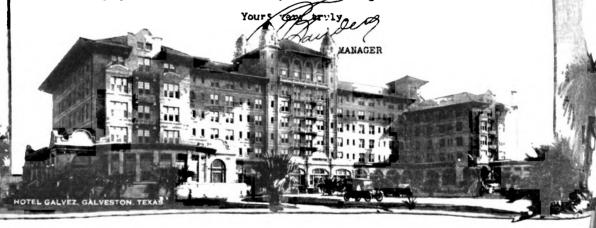
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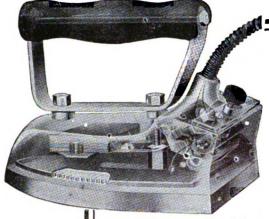
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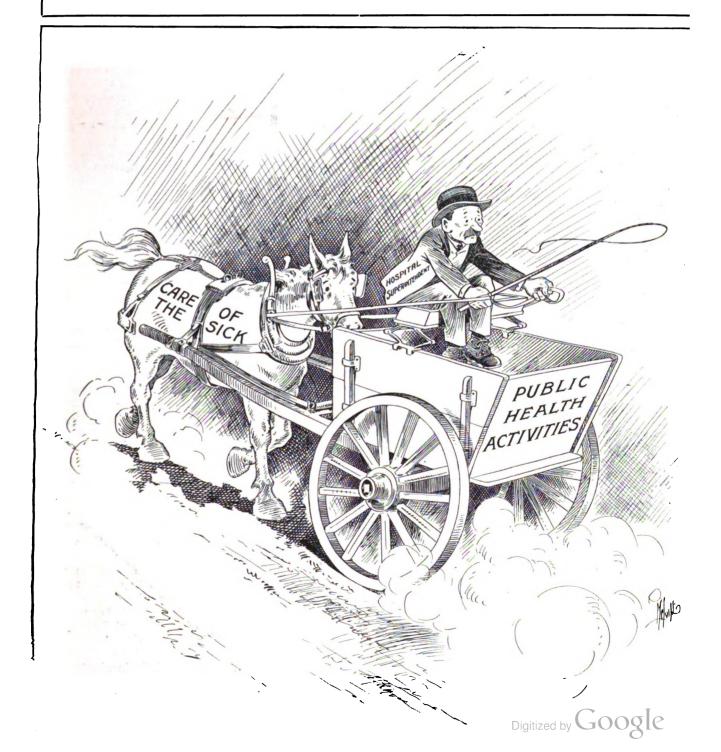
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A. H. A. Holds Convention in Montreal

Dr. George O'Hanlon Named President-Elect; Big Attendance and Interesting Papers Mark Annual Gathering

The twenty-second annual convention of the American Hospital Association was held in Montreal, Canada, October 4 to 8, and was one of the most largely attended and most interesting meetings of the organization ever held. The registration was in excess of 900, and the belief of some that the attendance would be reduced because of the location of the convention was pleasantly dissipated.

The convention emphasized the progress in the hospital field that is taking place along the lines of expansion of service, greater facilities for training, nursing, standardization, etc., and at the same time laid stress upon the practical problems of hospital administrators.

Dr. L. B. Baldwin, superintendent of University Hospital, Minneapolis, is president of the organization for the ensuing year, as the result of his choice as president-elect at the Cincinnati convention in 1919. Dr. George O'Hanlon, superintendent of Bellevue and Allied Hospitals, New York, was chosen president-elect at Montreal, and will serve during the year 1921-1922. The other officers chosen were as follows:

Dr. M. T. MacFachern, superintendent Vancouver General Hospital, Vancouver, B. C., first vice-president; S. G. Davidson, Baptist Memorial Hospital, Memphis, Tenn., second vice-president; Miss Alice M. Gaggs, superintendent J. N. Norton Memorial Infirmary, Louisville, Ky., third vice-president; trustees: Dr. Louis H. Burlingham, superintendent Barnes Hospital, St. Louis, Mo.; Miss Mary H. Riddle, superintendent Newton Falls Hospital, Newton Falls, Mass.; H. E. Webster, superintendent Royal Victoria Hospital, Montreal, Canada; treasurer: Asa S. Bacon, superintendent Presbyterian Hospital, Chicago.

NO DECISION ON 1921 CITY

The time and place of the next meeting, much to the disappointment of many, were left to the trustees for later decision. Minneapolis, Milwaukee, New Orleans and New York were suggested as desirable places for the 1921 meeting, and Milwaukee and Minneapolis were especially aggressive in presenting their claims. The date will probably depend on the choice of the convention city.

Although Montreal is rather far north, the convention was blessed with almost ideal weather. Only one day was marred by rain, and the remainder of the time was accompanied by clear, warm weather, which made outer wraps almost unnecessary. Because of the picturesque character of the Canadian metropolis, with its French atmosphere and its historic landmarks, visitors to the convention enjoyed their stay hugely.

'Monday, October 4, was given over to registration and other formalities connected with the convention, the first session being called to order by President J. B. Howlandsuperintendent of Peter Bent Brigham Hospital, Boston, on Tuesday morning. Following the invocation by the Rev. George Duncan, the address of welcome was given in French by E. R. Decary, chairman of the board of administration commissioners of Montreal.

In his annual address, which is given in part on another page, Dr. Howland referred to the principal events of the past year, emphasizing the development of sectional organizations, of which the Ohio association is first, and pointing out the part played by the American Conference on Hospital

Service, of which the A. H. A. is a leading member. The work of the service bureaus which have been and are to be established by the association was also given attention.

Dr. A. R. Warner, executive secretary, read the report of the board of trustees, followed by that for his own office. In addition to covering the activities of the association as reported in Dr. Howland's address, Dr. Warner referred to the minimum standard of the American College of Surgeons, which he said had been approved by the A. H. A., and to the program of the Conference, whose library is to be supported to the extent of \$1,000 for the first year by the association. In detailing his work as secretary, Dr. Warner presented his resignation as trustee, a position which he held following his election as secretary because there had been no meeting of the association. The development of institutional memberships in the organization was dwelt upon. One of the most important suggestions was that a special committee be appointed to meet with the trustees for the purpose of adopting definitions for figures and data to be obtained by the association in connection with its general service of the field.

ASSOCIATION FLOURISHING

Asa S. Bacon, superintendent of Presbyterian Hospital, Chicago, reported as treasurer, showing the association to be in a flourishing condition, with \$4,269 cash on hand.

Dr. Warner brought up the subject of the Red Cross gauze offered for free disposition to hospitals some time ago, but which had apparently not been moving as had been expected. He said that he did not know whether the gauze manufacturers had caused a change in the distribution program or not, but that he wanted the association to know that everything had been done that could have been done to handle the proposition. He showed a voluminous file of correspondence on the subject, and at his request Daniel D. Test, superintendent of Pennsylvania Hospital, Philadelphia, and Dr. John M. Peters, Rhode Island Hospital, Providence, were appointed a special committee to investigate the subject.

Dr. William H. Walsh, formerly executive secretary of the association, proposed amendments to the constitution whereby no member of the board of trustees should be allowed to hold a position in the association for which a salary or gratuity was paid, and providing that the nominating committee be elected from the floor. The amendments were referred.

HOSPITALS NEED IMPROVED IDEAS

Mr. Test suggested that the matter of efficiency in hospital management be given attention by the association. He declared that no other business is so poorly managed as that of the hospitals, and that with serious financial difficulties ahead of them, special efforts to improve methods should be made. He told of efficiency engineers being brought into hospitals to apply industrial methods, and suggested that if superintendents are to hold their own they need to adopt improved ideas of management.

At the Tuesday afternoon session John A. Lapp, director of the Social Action Division of the National Catholic Welfare Council and editor of *Modern Medicine*, spoke on "The Place of the Dispensary in the Public Health Field." The speaker projected the dispensary as it is functioning today into the future in a way to emphasize its service to industry and the public at large, and took the position that with the



increasing socialization of medicine the dispensary will play a larger and larger part in the public health program.

John E. Ransom, superintendent of the Michael Recse Dispensary, Chicago, discussed the paper, saying that the clinic is an essential part of the public health program, and that it is useless to preach health to a sick man unless you can direct him to a place where his disease may be treated. He suggested the importance of clinics for maternity and children's cases in reducing the death rate, and likewise was impressed with the possibilities of dental clinics.

"Hospitals everywhere," he concluded, "may find their best service in the field of public health to lie in the development of adequate out-patient facilities."

Dr. Woods, of the Methodist Hospital of Indianapolis; Dr. Albert Anderson, of the State Hospital of Raleigh, N. C., and Dr. Winford H. Smith, of Johns Hopkins Hospital, Baltimore, were among others who discussed the paper. Dr.



DR. GEORGE O'HANLON, Superintendent Bellevue and Allied Hospitals, New York, President-Elect of A. H. A.

Anderson gave some interesting details of the work among school children in his state, crediting Dr. George M. Cooper, head of the North Carolina public health work, with some valuable contributions. The mental clinics of the State Hospital had also proved successful, he said. Dr. Anderson declared that the rural sections now have the enthusiasm and the money to do things, and that their greatest need is the men and women to do them with.

BIG BOLE IN PUBLIC HEALTH

Dr. Smith, whose work in the office of the Surgeon General of the Army during the war gave him a keen insight into the problems of rehabilitation of wounded, spoke on the importance of considering plans for the establishment of machinery for the rehabilitation of the handicapped, including the industrial cripples. American hospitals must play a big role in the public health program of the future, he said, because every day they are discharging patients who need to be fitted back into industry before they can again become self-supporting members of society. If this work is not done, patients of this kind are relegated to lives of uselessness and dependency. He considered the problem one of the community rather than merely that of the industrial hospital or dispensary.

A paper which aroused a great deal of interest and

stirred up more than ordinary discussion was that of Dr. F. E. Sampson, superintendent of the Greater Community Hospital, Creston, Iowa. Dr. Sampson, who is a composite of Will Rogers and Billy Sunday in his forensic manner, told of the development of a little hospital at Creston from modest beginnings in a frame building to larger things physically, but chiefly emphasized the way in which the hospital has extended its activities into the rural dstricts of the counties surrounding it. Work among mothers and children has been the slogan, and public health nurses have been established at strategic points. When support and interest justified, new hospitals were set up at those points. Dr. Sampson explained, with the aid of photographs, charts and cartoons, his theory of getting the rural community interested in its own salvation from the health standpoint, as well as in sending money for the help of the heathen, and likewise questioned the advisability, from the viewpoint of the rural community, of sending money to the big city hospital hundreds of miles away instead of contributing to the development of the one right at home.

He likewise laid a lot of stress on the shortage of men and women for doing the work in the country districts, and said that getting the money is the secondary problem. He deplored the idea of considering the rural and urban health problems separately, saying that they are tied up together.

"Medical service is a grewsome thing," he said in defending the plan of expansion of hospital work into the field of public health education, "if it is confined to repairing human wreckage.

"Local clinics are better than traveling clinics.

"We need a type of superintendent who is big enough to manage a small hospital."

Dr. John A. Hornsby, editor of *The Southern Hospital Record*, Atlanta, took a crack at Dr. Sampson in his discussion, saying that Iowa has a fine hospital system, and that Dr. Sampson should have started by building the kind of hospital he finished with. He suggested issuing bonds as a means of financing hospitals of the best type. The people want service and are willing to pay, he insisted.

Dr. L. B. Baldwin, of Univeristy Hospital, Minneapolis, also discussed the paper, taking a conservative attitude as to the idea of making the hospital the health center of the rural community. The administration, he said, needs medically trained men, with executive ability, plus knowledge of economic conditions. Hospitals should assist in meeting and guiding the tendency of the day along public health lines, and the health center plan is a proper ideal to be striven for.

LEGISLATION IN SASKATCHEWAN

Dr. M. M. Seymour, commissioner of public health of Saskatchewan, Regina, Can., described the legislation in effect in that province relative to the establishment of hospitals, whereby two or more rural committees may combine in this work. The plans for the hospitals are submitted to the commissioner of health, and after the whole plan has been approved, the necessary expenditures are voted by the people. The province now has 39 hospitals, and 40 more are either organized or in process. They do no charity work, the municipality paying for all of its cases. Dr. Seymour told how orthopedic work had been reduced 50 per cent through proper control of milk production and pasteurizing.

Dr. Sampson closed the discussion and answered the criticisms directed against his paper by saying that it is not always easy to get the best building and equipment to start with, but that a hospital with substandard equip-

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OFFICIAL PHOTOGRAPH OF THOSE IN ATTENDANCE AT THE TWENTY-SECOND ANNUAL (08)

ment can exist without a bond issue or subsidy if it can deliver the goods.

A meeting of the Section on Hospital Administration was held Tuesday evening, Dr. R. B. Seem resigning the chair in favor of Dr. A. C. Bachmeyer, superintendent of the Cincinnati General Hospital, who was chosen head of the section.

The first paper was by Dr. M. T. MacEachern, and was interestingly illustrated with views of various operations in the Vancouver General Hospital, bringing out the points of his paper on "Some Essential Factors in Efficient Hospital Administration." The paper is given in part in another section of this issue.

Pliny O. Clark, superintendent of the Presbyterian Hospital of Denver, discussed the paper, commenting on the position of the hospital in public health work, on the advertising value of reports prepared with an eye to their popular appeal, on the library for the use of patients and others, and on the menu system of serving meals, which he agreed should reduce expense by eliminating or reducing waste of food.

ORGANIZATION OF PERSONNEL

Dr. C. G. Parnall, medical superintendent and director of the University Hospital, Ann Arbor, Mich., read a paper on "The Selection and Organization of the Hospita. Personnel," and opened with an attack on the inefficiency of hospital administration in general. They are poorly organized and indifferently administered, he declared. Few hospitals give the service to which patients are entitled, yet the latter are seldom aware of the shortcomings of the institutions in which they are cared for. He conceded that it is difficult to institute reforms so as to bring the professional service under the control of the administrator, suggesting that boards of trustees do not appreciate the function of the trusts they administer, and consequently the superintendent is unable to control the medical staff, because the latter controls the board. The result is hitor-miss methods, and the patient suffers. The remedy is the education of board members.

The real leadership of the hospital, he thought, should rest with the executive. Too many superintendents are merely exalted clerks. Too little incentive is offered to get the right people. He contended that the superintendent or other executive be a medically trained man, emphasizing the matter of sex by saying that while trained nurses make comparatively satisfactory executives for small hospitals, men get better results, because the trained nurse has her limitations. He thought that men do not take kindly to having their activities directed by women. While medical training does not make a hospital administrator, the ideal executive has training along both medical and administrative lines.

The superintendent must be the commanding officer, holding but not abusing the respect of subordinates. "Superintendent," in his opinion, is a poor title; "director" or "medical director" is to be preferred. The executive should know when to fire as well as when to hire. Give subordinates responsibility, as this will develop initiative on their part.

Dr. Winford H. Smith, who discussed the paper, emphasized the importance of the selection of the administrative staff, saying that lack of co-ordination is the rock on which administration often splits. Capacity for co-ordination is therefore a prime requirement for the superintendent. Don't dictate; the heads of departments resent being dictated to, and follow suggestions better.

An important point brought out by Dr. Smith was that the superintendent should be present at board meetings. This is often not the rule, he said, and even in the case of many large hospitals the superintendent is barred from attendance at board meetings. This is a bad situation, that leads to suggestions being received by the board, as Dr. Smith put it, "from heaven knows where." If the superintendent has the responsibility, he should also have the authority, and should be the medium of communication for all heads of departments.

Dr. Smith called attention also to the difficulty of the task of the small superintendent, who in many cases has



IF THE AMERICAN HOSPITAL ASSOCIATION AT MONTREAL, OCTOBER 4-8, 1920.

not a complete organization, but must supervise many departments as well as the hospital as a whole. All classes of hospital labor have been underpaid, and the difficulty of staffing hospitals is due to the fact that they cannot compete with industries and trades. Yet hereafter the wages to be earned in hospitals must approximate, at least, those which can be earned on the outside.

Dr. Harold W. Hersey, superintendent of the New Haven (Conn.) Hospital, spoke on "Keeping Up with Administrative Progress," his paper containing numerous ideas bearing principally on the adaptation of industrial methods. It is given in part in this issue.

At a general session Wednesday morning an appeal for memberships in the American Association of Hospital Social Workers was made by Miss Mary B. Smith, of the Massachusetts General Hospital, and resulted in a number of applications.

The principal paper read at this session was that of Pliny O. Clark, superintendent of Presbyterian Hospital, Denver, on "Community Funds for Maintenance and Capital Expenditures."

Mr. Clark's paper will be published in an early issue. The speaker discussed the subject in detail, relating experiences of various hospitals with state aid, drives, community chests, direct mail appeals, membership in hospital associations, use of newspapers and other forms and means of obtaining funds. He expressed the opinion that drives are necessary and desirable, although their use has been abused, but he asserted that the whirlwind campaign is a thing of the past. A big advantage of the community chests, the speaker pointed out, was that it greatly increased the number of subscribers to the funds.

Mr. Clark reminded his hearers that success in fund raising rests on the highest standard of service by the hospital and on advertising and letting the public know what is being done and what is to be done with additional funds.

Dr. Frank Clare English, of St. Luke's Hospital, Cleveland, who served as head of the hospital department of the Interchurch World Movement, and in that capacity made a survey of several hundred hospitals, discussed the paper, talking on "Money Obtained Through Private Benefactors." He declared that benefactors put heart into executives and staff, and that to obtain their support it is necessary to develop a "want-attraction" in the shape of something that people will want and will desire to assist in obtaining. He who seeks benefactions should have a worthy cause, and should be prepared to present the facts. Benefactors want a high interest rate in results. Hospitals should be definite in presenting their needs, by a statement of their concrete plans and services. The speaker touched on the importance of proper organization and of the right appeal, suggesting that the latter be of an educational character. Wholesome publictly is important, as the public is always interested in reports of outstanding cases, especially those of children. Dr. English said that failures in solicitation often occur when success is near, and he urged his hearers to "go yet a little farther," recalling an instance of a large benefaction from Andrew Carnegie to a college of which he was president after Mr. Carnegie had already turned down the proposition.

Howell Wright, executive secretary of the Cleveland Hospital Council, a member of the Ohio senate and the Democratic nominee for lieutenant-governor of Ohio, spoke on "Money Obtained from Public Taxation," in discussion of a phase of Mr. Clark's paper. Mr. Wright is an authority on hospitals and their public relations, and divided the classes of hospitals supported through public taxes into three groups: those publicly administered; those privately organized for public service, and private hospitals caring for patients at the expense of public funds. With reference to subsidies, referred to by Mr. Clark, the speaker said that the scandals attributed to them in Pennsylvania were due to the hospitals, as well as to the

political management of the funds. In this connection Mr. Wright took occasion to point out that most states and municipalities exempt hospitals from taxation on the assumption that they are doing charity work, and that the institution which is not doing work of this kind is not entitled to exemption. He asked the question, How far should public support go? and answered it by suggesting that the per diem cost of caring for charity patients is the limit. Mr. Wright urged that the American Hospital Association make a study of the subject of taxation for hospital purposes, as information on this matter is not extensive. The subsidy system, he concluded, is worth while, but the state must have the right of inspection to determine the character of the hospital to which it is giving support. The state, he pointed out, has the same rights as any other contributor.

WORK OF UNITED HOSPITAL FUND

Frederick D. Greene, secretary of the United Hospital Fund of New York, told of the work of this organization in raising money for the fifty-five institutions which are members of the Fund. Their annual deficit is \$4,000,000 a year, he said, and the Fund expects this year to raise \$1,500,000. In raising money, Mr. Greene suggested that the hospitals have the facts on which to base an intelligent appeal, and that they refrain from reckless publicity, items sometimes appearing in hospital "drive" literature that are unreasonable. Make facts irrefutable, and quote comparative statistics, the speaker suggested.

Dr. Wade Wright, of the Industrial Hygiene Department of the Harvard Medical School, Cambridge, spoke on "Industrial Clinics in the General Hospital." criticised the stock diagnoses usually made in hospital routine, suggesting that they be supplemented by facts on the vocational or personal background of the individual. A tuberculosis diagnosis, for example, should be added to by pointing out malnutrition or faulty working conditions. Nomenclature for the social diagnosis is needed. It is practicable for the general hospital to establish industrial clinics, provided it is headed by a physician qualified to consider problems arising from industrial hygiene. His work would involve studying incipient rather than advanced disease. The teaching hospital should teach its patient, since those who minister to the sick have a trust for the well. A special clinic or department is needed to study industrial health hazards. By cooperation with the industries themselves, unfavorable conditions may be remedied. Dr. Wright suggested the value of a state hospital for the care of industrial accident cases, with resources for the best treatment, especially of eye, burn and fracture cases, which occur in number in industrial work. Skilled consultants are needed in industrial clinics. Most general hospitals are industrial clinics, as it is, and they can be made more useful by developing contact with industry itself.

A meeting of the Section on Construction was held Wednesday evening, with Dr. George O'Hanlon, of Bellevue, as chairman, and Oliver H. Bartine, hospital consultant, New York, as secretary. A paper on "Distribution of Food in Hospitals as Related to Hospital Construction," by Frank E. Chapman, superintendent of Mount Sinai Hospital, Cleveland, was read in his absence by Dr. Bachmeyer, as Mr. Chapman was the victim of a severe attack of tonsilitis, which confined him to a bed in the Royal Victoria Hospital. His paper is given in part in another section of this issue. It was followed by an interesting discussion of many phases of construction.

Dr. R. G. Brodrick, superintendent of the Alameda County Hospital, California, made a plea for the kitchen on the top floor of the hospital building, because of its

better light and ventilation. The use of oil or gas for fuel would make this readily possible, he thought, but he suggested that the rooms for the preparation of vegetables be on the floor below. Quarry tile, in his opinion, is the best material for kitchen floors. Steam tables are necessary, he said, and hoods are desirable, but a fire menace. This can be overcome by the use of wirebound glass hoods with nickel frames. These are also easy to clean. Broilers, he said, are out of date, hot plates being used instead. The kitchen should have its own elevator, with a light constantly burning in it to indicate its location. Dr. Brodrick suggested the use of a central diet kitchen to prepare all special diets, contending that this is superior to the plan of having the work done by the nurses on the several floors, and is besides economical. He also took the affirmative side of the cafeteria proposition, saying that employes like it, because they don't have to wait for service. If the serving room is separate and distinct from the dining room, a main objection to the cafeteria method is removed. The plan gives the employes more time to themselves by enabling them to get their meals more quickly. Dr. Brodrick said that the heated food conveyor is antiquated, as it is impossible to keep it hot, and its great weight, often 1,200 pounds loaded, makes it hard to handle. Quick and immediate transportation is the answer to food conveying problems, he believes.

LOCATION OF THE KITCHEN

Dr. D. L. Richardson, of Hartford, said that he was looking for a food container built on the principle of the thermos bottle. G. D. Crain, Jr., managing editor of HOSPITAL MANAGEMENT, explained that the Community Kitchens of Evanston, Ill., have developed such a container, and that it is probably suitable for hospital use.

Edward F. Stevens, the Boston architect, said that there is no hard and fast rule as to the location of the kitchen. but that location on the top floor is inconvenient because of the difficulty of locating supply rooms, handling garbage, etc. Many large European hospitals have used insulated cans for food conveyance for a long while. They



MISS ALICE MURIEL GAGGS,
Superintendent J. N. Norton Memorial Infirmary, Louisville, Ky.,
Third Vice-President of A. H. A.



8. G. DAVIDSON, Superintendent Baptist Memorial Hospital, Memphis, Tenn. Second Vice-President of A. H. A.

are placed on a carrier and conveyed overground to the wards, which are often some distance away. Trolley cars are even used in some cases. Slate is another good material for kitchen floors, he said, as it wears well and does not absorb grease and other material. Quarry tile is the most popular and the cheapest.

Miss Perry, dictitian of the Montreal General Hospital, whose kitchen is located on the top floor, said that she prefers this location, and that the workers also like it. She is beginning the use of the Toledo food carrier, which contains the fireless cooker principle, and has found the initial conveyor satisfactory, although she prefers the four-wheeled type to the two-wheeled, as the latter is likely to tip. She suggested that a tray or board at the side of the cart would be a desirable addition.

Another topic discussed in the round table was the amount of space required for the social service department. Dr. Antoinette Cannon, of Philadelphia, said that most of these departments are badly crowded, and need more room, especially to give privacy in interviewing patients. There should also be sufficient room to enable records to be preserved.

Dr. Anna M. Richardson, field secretary of the American Association of Hospital Socal Service Workers, emphasized the same points by calling attention to the basement rooms, with poor light and ventilation, which are sometimes used.

Miss Poole, of the University Hospital, Ann Arbor, said that in the new building which is now being erected for that institution, ample space for the social service workers has been given in the out-patient department.

HIGH CEILINGS WASTE SPACE

Answering a question, Mr. Stevens said that unnecessarily high ceilings represent a waste of space. Twelve feet should be the maximum. The tendency is toward smaller wards, the smaller the better. Four to six beds in a ward seem to make the hospital more flexible, with better segregation of cases. Single rooms should have a ten-foot ceiling, and there should be 1,000 cubic feet of air per patient in a ward, and more in a private room. A built-in clothes closet in a private room is preferable

to a wardrobe, he thought, and the room can be ventilated through it. Every room should have its own bowl, with hot and cold water flowing through a single faucet, controlled by elbow or wrist valves, and with facilities for the surgeon or nurse. The location of windows is important, and should be arranged so as to leave plenty of room for the beds.

Dr. Brodrick said that the ideal ward for a large hospital is twenty-four beds. It can be subdivided into ward rooms, if necessary, separating pre-operative and post-operative cases, for example. It makes for easier supervision. The objection to terrazzo as a floor base was given by Dr. Brodrick as absorbency.

Mr. Bartine told of two new hospitals in New York which are to be operated without wards, and with each patient in a separate room, and said that this plan, originated by Asa S. Bacon, of the Presbyterian Hospital, Chicago, is claimed to involve almost as economical operation as the other type.

Dr. W. S. Nash, of Knoxville, Tenn., declared that the private room is the curse of the hospital, taking the ground that having cases in the wards makes for better attention on the part of the nurse. The very sick case in a private room is likely to be neglected, he insisted. It is almost criminal to put patients in private rooms and give a nurse three to five rooms to look after.

Dr. Robert J. Wilson, of the Department of Hospitals, New York, said that the use of four-foot glass windows in private rooms, enabling the supervisor or superintendent to look into them, is a big safeguard. No hospital ward, in his opinion, should be over ten beds.

SESSION ON SOCIAL SERVICE

The general session on Thursday was devoted largely to social service. Miss Ida M. Cannon, director of the Social Service Department of the Massachusetts General Hospital, Boston, and president of the American Association of Hospital Social Service Workers, spoke on "Function of the Social Service Department in Its Relationship to the Administration of Hospitals and Dispensaries." She said that social service makes the doctor conscious of the human aspects of the case. Because it gives the hospital its points of contact with the public, at the time of admission and discharge, it is of value to the hospital administrator. Discharges should be anticipated, so that the social service department may have opportunity for proper investigation. The social service workers should be a part of the dispensary. It is part of her job to keep fresh always the community, rather than the institutional, point of view. She suggested that on account of the importance of the right personnel in the social service department, the superintendent who is thinking of adding this factor be careful in making his selec-

Dr. Winford H. Smith discussed the paper, paying a tribute to Miss Cannon as an authority and leader in the field of hospital social service. He said that he had been astonished at the growth of hospital social service work, pointing out the growth at Johns Hopkins from one to twelve workers during his own adminstration of nine years. He said, however, that in most cases the question of finance has to be considered, and the work limited accordingly. Social service is of value in increasing the efficiency of hospital beds. It supplies the human touch. There are too many discharges of patients from hospitals without the machinery being made available for their rehabilitation. One way in which the social service department might be of great value, he thought, was in taking care of applications for beds which the hospital could not

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377 Hospitals Meet Minimum Standard

American College of Surgeons Makes Public List of Approved General Institutions of 100 Beds or More

The American College of Surgeons, which has been in charge of the work of hospital standardization, has announced a list of 377 general hospitals of 100 or more beds which have met the minimum standard established by the organization. The percentage of general hospitals of the size indicated, which have been approved as meeting the standardization requiremnts, is more than 54, indicating the extent to which the plan has been approved.

The minimum standard covers three principal propositions, including the organization of the staff for the study of the professional service, the establishment of case records, and provision of laboratory facilities, including Xray and pathological. These factors were agreed on as fundamental in hospital service.

The standardization program, though originated by the American College of Surgeons, has been approved by practically all of the leading organizations interested in hospital work, as well as by the American Conference on Hospital Service, which is composed of associations of medical men, nurses and hospital people.

In giving out the list, John G. Bowman, director of the College, said:

"This list is based upon the fundamental fitness of the hospitals to give right care to patients. In these hospitals the doctors have created for themselves a clear-cut policy which requires, first, adequate study and treatment of each case, a written record to be made of what was done for the patient; second, proper laboratory facilities to aid in the study and treatment of patients; and, third, regular review of the professional work done in the hospital, both to encourage the best service possible and to prevent avoid-

"The survey, of which this list is the outcome, included 692 general hospitals in the United States and Canada. There are 1,006 general hospitals of from 50 to 100 beds which were not included in the survey.

"Hospital standardization aims to safeguard the patient against error in diagnosis, against lax or lazy medical treatment, against unnecessary surgical operations or operations by unskilled surgeons; it aims to bring to every patient, however humble, the highest service known to

The list of approved hospitals follows. Those marked with a star (*) were deficient in one or more details at the time of inspection, but later reported that they fulfilled the standard:

ALABAMA

Employes Hospital T. C. I. & R. R. Co., Birmingham

- *Hillman Hospital, Birmingham
- *South Highlands Infirmary, Birmingham

ARKANSAS

- *Logan H. Roots Memorial Hospital, Little Rock
- *St. Louis Southwestern Hospital, Texarkana
- *Saint Vincent's Hospital, Little Rock

CALIFORNIA

Alameda County Hospital, San Leandro Lane Hospital, San Francisco Los Angeles County Hospital, Los Angeles

- *Mary's Help Hospital, San Francisco
- *O'Connor Sanitarium, San Jose
- *Pasadena Hospital, Pasadena

- *Saint Francis Hospital, San Francisco
- *Saint Mary's Hospital, San Francisco Saint Vincent's Hospital, Los Angeles
- *San Diego County Hospital, San Diego San Francisco Hospital, San Francisco
- *San Joaquin County Hospital, French Camp
- *Santa Clara County Hospital, San Jose University of California Hospital, San Francisco

COLORADO

- *City and County Hospital, Denver Minnequa Hospital, Pueblo
- *Saint Anthony's Hospital, Denver

CONNECTICUT

- *Bridgeport Hospital, Bridgeport Grace Hospital, New Haven
- Greenwich General Hospital, Greenwich *Hartford Hospital, Hartford
- New Haven Hospital, New Haven
- Saint Francis Hospital, Hartford
- *Saint Mary's Hospital, Waterbury
- Waterbury Hospital, Waterbury

DISTRICT OF COLUMBIA

- *Central Dispensary and Emergency Hospital, Washington
- *Garfield Memorial Hospital, Washington
- *Washington Sanitarium, Washington

GEORGIA

- *Grady Memorial Hospital, Atlanta
- *University Hospital, Augusta

*Saint Alphonsus Hospital, Boise

ILLINOIS

- *American Hospital, Chicago
- Augustana Hospital, Chicago
- Chicago Lying-in Hospital, Chicago
- Children's Memorial Hospital, Chicago
- Cook County Hospital, Chicago
- Evanston Hospital, Evanston
- *Frances E. Willard National Temperance Hospital, Chicago.
- *Grant Hospital, Chicago
- Hahnemann Hospital, Chicago
- Mercy Hospital, Chicago
- Michael Reese Hospital, Chicago
- Presbyterian Hospital, Chicago
- Saint Anne's Hospital, Chicago
- *Saint Bernard's Hospital, Chicago
- *Saint Elizabeth's Hospital, Chicago
- *Saint Elizabeth's Hospital, Danville
- Saint Joseph's Hospital, Chicago
- Saint Luke's Hospital, Chicago
- Saint Mary of Nazareth Hospital, Chicago
- *South Shore Hospital, Chicago
- Wesley Memorial Hospital, Chicago

INDIANA

Robert W. Long Hospital, Indianapolis

- *Saint Anthony's Hospital, Terre Haute
- Saint Elizabeth's Hospital, La Fayette
- Saint Joseph's Hospital, Fort Wayne
- *Saint Joseph's Hospital, Mishawaka
- *Saint Mary's Hospital, Evansville **IOWA**
- *Iowa Lutheran Hospital, Des Moines

*Mercy Hospital, Davenport Saint Joseph's Mercy Hospital, Sioux City University Hospital, Iowa City

KANSAS

*Saint Francis Hospital, Wichita Saint Margaret's Hospital, Kansas City

KENTUCKY

*Good Samaritan Hospital, Lexington

*Norton Memorial Hospital, Louisville

Louisville City Hospital, Louisville

*Saint Anthony's Hospital, Louisville

*Saint Joseph's Infirmary, Louisville

*Saints Mary and Elizabeth Hospital, Louisville

LOUISIANA

*Charity Hospital, New Orleans

*Charity Hospital, Shreveport

*Hotel Dieu Hospital, New Orleans

*Presbyterian Hospital, New Orleans *Saint Francis Sanitarium, Monroe

*T. E. Schumpert Memorial Sanitarium, Shreveport

*Touro Infirmary, New Orleans

MARYLAND

Bay View Hospital, Baltimore Franklin Square Hospital, Baltimore Hebrew Hospital and Asylum, Baltimore John's Hopkins Hospital, Baltimore Maryland General Hospital, Baltimore

*Mercy Hospital, Baltimore Saint Agnes Sanitarium, Baltimore Saint Joseph's Hospital, Baltimore University Hospital, Baltimore

MASSACHUSETTS

Boston City Hospital, Boston Children's Hospital, Boston City Hospital, Fall River

*Holyoke City Hospital, Holyoke

*Lawrence General Hospital, Lawrence

Lowell Corporation Hospital, Lowell

Lowell General Hospital, Lowell

Massachusetts General Hospital, Boston

Massachusetts Homeopathic Hospital, Boston

Memorial Hospital, Worcester

*New England Hospital for Women and Children, Boston

Peter Bent Brigham Hospital, Boston

Saint Elizabeth's Hospital, Boston

*Saint Vincent's Hospital, Worcester

Springfield Hospital, Springfield

Union Hospital, Fall River

*Worcester City Hospital, Worcester

MICHIGAN

Battle Creek Sanitarium, Battle Creek

*Blodgett Memorial Hospital, Grand Rapids

*Butterworth Hospital, Grand Rapids

*Children's Free Hospital, Detroit

*Detroit Receiving Hospital, Detroit

Grace Hospital, Detroit

Harper Hospital, Detroit *House of Providence, Detroit

Saint Joseph's Hospital, Ann Arbor

*Saint Mary's Hospital, Detroit

*Saint Mary's Hospital, Grand Rapids

University Hospital, Ann Arbor

University of Michigan Homeopathic Hospital, Ann Arbor

*Women's Hospital and Infants' Home, Detroit

MINNESOTA

*Asbury Methodist Deaconess Hospital, Minneapolis

*Bethesda Hospital, St. Paul

City and County Hospital, St. Paul

Colonial Hospital, Rochester

Minneapolis City Hospital, Minneapolis

*Mounds Park Sanitarium, St. Paul

*Norwegian Lutheran Deaconess Hospital, Minneapolis

*Saint Joseph's Hospital, St. Paul

Saint Mary's Hospital, Duluth

Saint Mary's Hospital, Minneapolis

Saint Mary's Hospital, Rochester

Swedish Hospital, Minneapolis

University of Minesota Hospital, Minneapolis

Worrell Hospital, Rochester

MISSISSIPPI

*Matty Hersee Hospital, Meridian

MISSOURI

*Alexian Brothers Hospital, St. Louis

Barnes Hospital, St. Louis

*Children's Hospital, Kansas City

*Christian Church Hospital, Kansas City

*Jewish Hospital, St. Louis

Kansas City General Hospital, Kansas City

Research Hospital, Kansas City

*Saint Anthony's Hospital, St. Louis

*Saint John's Hospital, St. Louis

Saint Joseph's Hospital, Kansas City

Saint Louis Childrens' Hospital, St. Louis

Saint Louis City Hospital, St. Louis

*Saint Luke's Hospital, St. Louis

Saint Mary's Hospital, St. Louis

Saint Mary's Hospital, Kansas City

*Wesley Hospital, Kansas City

MONTANA

*Columbus Hospital, Great Falls

Murray Hospital, Butte

*Saint Patrick's Hospital, Missoula

NEBRASKA

Saint Elizabeth's Hospital, Lincoln

*Saint Francis Hospital, Grand Island

Saint Joseph's Hospital, Omaha

University of Nebraska Hospital, Omaha

NEW JERSEY

*Alexian Brothers Hospital, Elizabeth

*All Souls Hospital, Morristown

*Bayonne Hospital and Dispensary, Bayonne

Christ Hospital, Jersey City

*Cooper Hospital, Camden

Elizabeth General Hospital and Dispensary, Elizabeth

*Hackensack Hospital, Hackensack

Jersey City Hospital, Jersey City

Mercer Hospital, Trenton

Morristown Memorial Hospital, Morristown

*Mountainside Hospital, Montclair

Newark City Hospital, Newark

Newark Memorial Hospital, Newark

*Orange Memorial Hospital, Orange

Passaic General Hospital, Passaic

Paterson General Hospital, Paterson

Saint Elizabeth's Hospital, Elizabeth

*Saint Francis Hospital, Trenton

NEW YORK

*Albany Hospital, Albany

Bellevue Hospital, New York

Beth Israel Hospital, New York *Binghamton City Hospital, Binghamton

*Brooklyn Hospital, Brooklyn

*Buffalo City Hospital, Buffalo

*Buffalo Homeopathic Hospital, Buffalo.

*Bushwick Hospital, Brooklyn

*Children's Hospital, Buffalo.

Coney Island Hospital, Brooklynd by Google

Cumberland Street Hospital, Brooklyn

*Community Hospital, New York

*Ellis Hospital, Schenectady

*Flushing Hospital and Dispensary, Flushing

*Fordham Hospital, New York Gouverneur Hospital, New York Greenpoint Hospital, Brooklyn.

*Hahnemann Hospital of the City of New York, New

York

Hahnemann Hospital, Rochester

Harlem Hospital, New York

*Holy Family Hospital, Brooklyn

*Homeopathic Hospital, Albany. Jewish Hospital, Brooklyn

Kings County Hospital, Brooklyn

*Lebanon Hospital, New York

*Lincoln Home and Hospital, New York Long Island College Hospital, Brooklyn

*Methodist Episcopal Hospital, Brooklyn

Metropolitan Hospital, New York

*Mount Saint Mary's Hospital, Niagara Falls

Mount Sinai Hospital, New York

New York City Hospital, Blackwell's Island, New York

*New York Hospital, New York

New York Orthopedic Hospital, New York.

*New York Post-Graduate Medical School and Hospital. New York

*New York Skin and Cancer Hospital, New York.

*New York Society for the Relief of Ruptured and Crippled, New York

*Niagara Falls Memorial Hospital, Niagara Falls

Presbyterian Hospital, New York Rochester Homeopathic Hospital, Rochester

*Roosevelt Hospital, New York

Saint Catharine Hospital, Brooklyn

*Saint John's Brooklyn Hospital, Brooklyn

*Saint John's Hospital, Long Island

Saint Luke's Hospital, New York.

*Saint Mary's Free Hospital for Children, New York

Saint Mary's Hospital, Brooklyn

Saint Vincent's Hospital, New York

Samaritan Hospital, Troy

Sloane Hospital for Women, New York

*Staten Island Hospital, Tompkinsville

*Troy Hospital, Troy

Woman's Hospital, New York

NORTH CAROLINA

*Watts Hospital, West Durham.

NORTH DAKOTA

Bismarck Evangelical Hospital, Bismarck

Saint John's Hospital, Fargo

OHIO

*Christ Hospital, Cincinnati

Cincinnati General Hospital, Cincinnati

*City Hospital, Akron

*Cleveland City Hospital, Cleveland

Good Samaritan Hospital, Cincinnati *Good Samaritan Hospital, Zanesville

*Hawkes Hospital of Mount Carmel, Columbus

*Jewish Hospital, Cincinnati

Lakeside Hospital, Cleveland

*Lucas County Hospital, Toledo

*Miami Valley Hospital, Dayton

*Mercy Hospital, Hamilton

Mount Sinai Hospital, Cleveland

*People's Hospital, Akron

*Saint Alexis Hospital, Cleveland

*Saint Elizabeth's Hospital, Dayton

*Saint Elizabeth's Hospital, Youngstown

*Saint John's Hospital, Cleveland

*Saint Luke's Hospital, Cleveland

*Saint Rita's Hospital, Lima

Saint Vincent's Hospital, Cleveland

Saint Vincent's Hospital, Toledo Springfield City Hospital, Springfield

Toledo Hospital, Toledo

*Youngstown Hospital, Youngstown

OKLAHOMA

Saint Anthony's Hospital, Oklahoma City

*State University Hospital, Oklahoma City

OREGON

Saint Vincent's Hospital, Portland

PENNSYLVANIA

Allegheny General Hospital, Pittsburgh

Allentown Hospital, Allentown

Altoona Hospital, Atoona

Columbia Hospital, Pittsburgh

Conemangh Valley Memorial Hospital, Johnstown

Easton Hospital, Easton

Hahnemann Medical College Hospital, Philadelphia

Harrisburg Hospital, Harrisburg

Hospital of the University of Pennsylvania, Philadelphia

Hospital of the Women's Homeopathic Association of

Pennsylvania, Philadelphia

Hospital of the Women's Medical College, Philadelphia

Jefferson Medical College Hospital, Philadelphia

Jewish Hospital, Philadelphia

Lancaster General Hospital, Lancaster

Lankenau Hospital, Philadelphia

McKeesport Hospital, McKeesport

Medico Chirurgical Hospital, Philadelphia

Mercy Hospital, Pittsburgh

Mercy Hospital, Wilkes-Barre

Methodist Episcopal Hospital, Philadelphia

*Misericordia Hospital, Philadelphia

Moses Taylor Hospital, Scranton

Passavant Hospital, Pittsburgh

Pennsylvania Hospital, Philadelphia

Philadelphia General Hospital, Philadelphia

Philadelphia Orthopedic Hospital, Philadelphia

Philadelphia Polyclinic Hospital, Philadelphia

Pittsburgh Hospital, Pittsburgh

Presbyterian Hospital, Philadelphia

Presbyterian Hospital, Pittsburgh

Robert Packer Hospital, Sayre

Sacred Heart Hospital, Allentown

Saint Joseph's Hospital and Dispensary, Pittsburgh

Saint Luke's Hospital, South Bethlehem

Saint Margaret's Hospital, Pittsburgh

Saint Mary's Hospital, Philadelphia

Saint Timothy's Hospital, Philadelphia

South Side Hospital, Pittsburgh

State Hospital of Middle Coal Fields, Hazelton

Western Pennsylvania Hospital, Pittsburgh

Wilkes-Barre City Hospital, Wilkes-Barre

Wills Eye Hospital, Philadelphia Women's Hospital, Philadelphia

RHODE ISLAND

Rhode Island Hospital, Providence

SOUTH CAROLINA

*Chick Springs Sanitarium, Chick Springs *Florence Infirmary, Florence

Roper Hospital, Charleston

SOUTH DAKOTA

*Saint Luke's Hospital, Aberdeen **TENNESSEE**

*Baroness Erlanger Hospital, Chattanooga

*Nashville City Hospital, Nashville

*Saint Joseph's Hospital, Memphis

*Saint Thomas Hospital, Nashville

TEXAS

John Sealy Hospital, Galveston

*Parkland Hospital, Dallas

*Providence Sanitarium, Waco

*Saint Joseph's Infirmary, Fort Worth

*Saint Joseph's Infirmary, Houston

*Saint Mary's Infirmary, Galveston

*Saint Paul's Sanitarium, Dallas

*Santa Rosa Hospital, San Antonio

Temple Sanitarium, Temple

Texas Baptist Memorial Sanitarium, Dallas

UTAH

*Doctor W. H. Groves Latter Day Saints Hospital, Salt Lake City

*Holy Cross Hospital, Salt Lake City

VERMONT

*Mary Fletcher Hospital, Burlington

VIRGINIA

"University of Virginia Hospital, Charlottesville

*Virginia Hospital, Richmond

WASHINGTON

Children's Orthopedic Hospital, Seattle Providence Hospital, Seattle

Saint Elizabeth's Hospital, North Yakima

Saint Joseph's Hospital, Tacoma

*Saint Luke's Hospital, Spokane

*Seattle City Hospital, Seattle

WEST VIRGINIA

*Kessler-Hatfield Hospital, Huntington

*Ohio Valley General Hospital, Wheeling

*Saint Mary's Hospital, Clarksburg

*Sheltering Arms Hospital, Hansford

*Wheeling Hospital, Wheeling

WISCONSIN

*La Crosse Lutheran Hospital, La Crosse

Luther Hospital, Eau Claire

*Madison General Hospital, Madison Milwaukee County Hospital, Milwaukee

*Milwaukee Hospital, Milwaukee

*Mount Sinai Hospital, Milwaukee Sacred Heart Hospital, Eau Claire

Saint Agnes Hospital, Fond du Lac

Saint Francis Hospital, La Crosse

Saint Joseph's Hospital, Marshfield

Saint Joseph's Hospital, Milwaukee

*Saint Mary's Hospital, Green Bay

Trinity Hospital, Milwaukee

WYOMING

Wheatland Hospital, Wheatland

CANADA

ALBERTA

Calgary General Hospital, Calgary. Holy Cross General Hospital, Calgary

BRITISH COLUMBIA

Provincial Royal Jubilee Hospital, Victoria *Royal Columbia Hospital, New Westminster Saint Joseph's Hospital, Victoria Saint Paul's Hospital, Vancouver

Vancouver General Hospital, Vancouver

MANITOBA

Children's Hospital, Winnipeg Saint Boniface Hospital, St. Boniface Winnipeg General Hospital, Winnipeg NOVA SCOTIA

Victoria General Hospital, Halifax

ONTARIO

Hospital for Sick Children, Toronto Kingston General Hospital, Kingston

*Saint Michael's Hospital, Toronto

QUEBEC

Children's Memorial Hospital, Montreal

*Hotel Dieu, Montreal

*Jeffrey Hales Hospital, Quebec Montreal General Hospital, Montreal

*Notre Dame Hospital, Montreal

Royal Victoria Hospital, Montreal

SASKATCHEWAN

*Grey Nuns' Hospital, Saskatoon Regina General Hospital, Regina

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

"A Short History of Nursing," by Lavinia L. Dock, R. N., in collaboration with Isabel Maitland Stewart, A. M., R. N. (G. P. Putnam's Sons, New York).

This new volume has been prepared especially for the use of student nurses, and is a condensation into a single volume of the salient facts in the larger work by the authors. The larger book, because of the comprehensive method with which the subject was treated, was too elaborate for class use. The condensed volume contains many excellent features, and undoubtedly will be brought into use by a growing number of hospital training schools. It also is a valuable addition to libraries of hospitals which maintain no nursing schools.

"Personnel Administration," by Ordway Tead and Henry C. Metcalf, Ph. D. (McGraw-Hill Book Company, New

This book, treating of the science of administration, undoubtedly will prove of practical value to hospital superintendents and executives. Among the subjects treated are sources of labor supply, methods of selection and placement, training executives, training employes, arousing interest in work, elements in wage determination, payment plans and methods, co-ordination of staff departments, etc. A chapter on health and safety will be of value to industrial medical directors, dealing as it does with hours and working periods, health of the worker, safety program and standards of physical working conditions. While the subject matter is treated primarily from the standpoint of the industrial executive, many pointers will be gleaned of worth to the hospital officer.

Taxation Hits Hospitals

The proposed Dominion tax on alcohol and proprietary medicines will seriously affect the hospitals of Canada, according to Dr. M. T. MacEachern, superintendent of the Vancouver General Hospital. Dr. MacEachern estimates that these taxes will cost the Vancouver General \$12,000 to Digitized by GOGIC \$15,000 a year.

Increased Interest in Out-Patient Work

Out-Patient Section Meeting at A. H. A. Convention Shows Growth of this Department of Hospital Activity

The section on out-patient work, held on Tuesday evening, October 5, was well attended, indicating the increasing interest felt in this rapidly expanding department of hospital work. John E. Ransom, superintendent of the Michael Reese Dispensary, Chicago, and one of the best known men in the country in this line, presided as chairman, with Clarence Ford, superintendent of the Division of Medical Charities of the New York Board of Health, as secretary.

Mr. Ransom opened the meeting with the reading of his report as chairman of the committee of the American Hospital Association on out-patient work. He referred to the development of the out-patient department in the hospital field as having resulted in the establishment of many such departments where they had not previously existed, in the rehabilitation of many departments which had received inadequate attention, and in various manifestations of interest in the work, such as clinics and public health movements.

The dispensary represents organized medical service to that part of the public which needs it most, he pointed out, and is for that reason capable of great economy, as well as of important preventive service. It bids fair to become the front door to the hospital, rather than the back door. The establishment of 493 dispensaries for tuberculosis work, and of 513 for venereal disease work, in connection with the campaign started by the Government, was cited as proof of the importance of the public health angle.

Other important and growing branches of work for special dispensaries and clinics are those for the after treatment of mental and nervous diseases.

Dr. Ralph B. Seem, superintendent of the Albert Merritt Billings Memorial Hospital, of Chicago, followed with an address on "The Relation of the Out-Patient Department to the Hospital Proper." He said that the importance of intimate connection between the hospital and its outpatient department lies in the fact that many patients, after receiving proper bed care, require attention as ambulatory patients. Also, the examination of a caller at the dispensary frequently shows the immediate need of bed care.

As most hospitals have more calls for beds than beds available, careful preliminary examination in the dispensary, which may prove that bed care is not necessary, will often save beds, while, on the other hand, it will make it certain that those who need care will receive it. Dr. Seem stated that in 1919 3,473 patients were admitted to Johns Hopkins on recommendation from the dispensary. The special equipment in the dispensary, also, makes it easier to make a complete examination than in the ward.

Location in the same building as the main hospital, the use of nurses from the hospital training school, both for their instruction and for the proper handling of the work, and the assignment of members of a special separate staff to dispensary work regularly, were other suggestions made by Dr. Seem for the improvement of the service. From the standpoint of the staff man, he pointed out that the opportunity for professional work of value ought to compensate for the lack of adequate compensation. Full histories of the patient are indispensable, he said.

In the discussion following these two papers Daniel D. Test stated that he had entirely eliminated the distinction between the house and the dispensary staff, with marked improvement in dispensary service as a result.

It was commented that the dispensary staff man looks to eventual promotion to the house staff as a logical step, and that, having received this promotion, he looks back and down upon dispensary service, although of course there should be no such attitude. Antagonism on the part of the general practitioner to the public health nurse who sends people to the dispensary for treatment was also referred to.

That this antagonism is illogical was pointed out in the statement that records show increased work for both specialists and general practitioners as a result of the activities of venereal disease clinics in the past two years. Community understanding of the necessity for medical service results from out-patient work where the dispensary and its staff "sell" their product, good health, to their patients.

It was also suggested, with reference to the elimination of antagonism and prejudice, that the dispensary should be regarded as a co-operative affair, and should be established only after discussion with the medical profession in the community and others interested. Full publicity for such a project will be beneficial to it and to all concerned. Payment to the attending medical men was suggested as necessary to good service and to the growth of the dispensary itself. If the fees received from patients are not enough for this purpose, the hospital itself should assume the burden, although, on the other hand, it is generally conceded that dispensary service should not be placed on a money basis as far as the patient is concerned.

Dr. Seem remarked, also, that there is an increasing tendency to regard the dispensary as a sort of diagnostic clinic for the hospital, furnishing opportunities for medical observation and experience which make appointments to the dispensary staff as desirable as those to the hospital staff.

An interesting discussion of traveling clinics was contributed by J. J. Weber, editor of *The Modern Hospital*, in which were reviewed the numerous instances where motor trucks and trains have been used to bring clinics, public health workers and medical and dental treatment in general to people all over the country. The equipment of some of the motor trucks used, and the methods of approaching communities in order to give the fullest possible service, were described

Dr. Styles, of the Montreal General Hospital, referred to the traveling clinics sponsored by his institution, and said that much useful newspaper publicity had been given them, and that many people in the remote districts visited had been attracted and served. The cause of preventive medicine, so little understood in the country, and so much needed, has been greatly aided by the clinics, he said, the correction of bad tonsils and teeth, and of malnutrition resulting from these and other troubles, being an immediate consequence.

It was voted by those attending the meeting to continue the officers (chairman and secretary) of the association's committee on out-patient work as the officers of the section at the convention.

East Cleveland Wants Hospital

The city of East Cleveland, Ohio, recently floated a bond issue of \$485,000 to provide for the construction of a hospital building. Frank E. Chapman, superintendent of Mount Sinai Hospital, Cleveland, has just been named consultant, and will assist the architects in an advisory capacity.

Eternal Vigilance Price of Economy

Superintendent Must Watch Every Source and Avenue of Waste and Loss to Keep Expenses at Minimum

By M. T. MacEachern, M. D., C. M., General Superintendent Vancouver General Hospital, Vancouver, B. C.

In regarding the many essential features in hospital administration we will first consider organization. It is generally accepted that any business, large or small, must have organization, and by that I mean such a distribution of the work or functions of the business and such a corelation of the different phases of it that a maximum degree of efficiency and responsibility is established and maintained. This is equally important, and more so, in hospital administration. The work of the administrator naturally falls into three main divisions—Medical, Nursing, and Business—a convenient division so far as we are concerned at the present time. In the organization of the personnel there are three main divisions—viz.: the



DR. M. T. MAC EACHERN, Superintendent Vancouver (B. C.) General Hospital, First Vice-President of A. H. A.

governing body, the chief executive offices and the staff. The governing body is responsible in the entirety for everything connected with the institution, and it is the body to whom all others are responsible.

There must be a chief executive officer or one responsible head in the institution, accountable to the governing body and standing between the governing body and the entire paid staff of the hospital. Next to this chief executive officer comes the divisional heads—viz.: Medical Director, Nursing Director, and Business Director—all recognized experts in their respective lines. Each of these divisions is further divided into well-defined departments with competent heads in charge and carrying the responsibility of their respective departments.

Thus the work of any institution can be covered in an

From a paper on "Some Essentials of Efficient Hospital Administration," read at the 1920 American Hospital Association convention, Montreal, October 5.

organized way, and the administrator can at once put his finger on any trouble which may arise. The chief executive officer or superintendent is the intermediary to and from the governing body and the entire staff, Some of you will say that this does not apply to your hospital because it is too small. You are wrong, for your hospital, small or large, has the same functions to perform and can be organized similarly; your departments may have to be grouped on account of fewer personnel.

CO-OPERATION

Always try to make your whole staff feel that they each have a part in the work of the institution, that they are each and all cogs in the great wheel and by the performance of their duties, however humble, they are sharing in the great work and helping the hospital in its service to needful humanity. There must be such conditions existing as shall mean complete harmony in and between departments. Members of the staff who cannot commence and end each day's labors with a whole heart of interest should be eliminated from the staff. Harmonious co-operation can be established when certain conditions exist. We must see that our staff has good living and working conditions, good food, social life, recognition for good service, and generally good treatment. I have found it always pays to give a friendly word or nod in passinga word of approval or encouragement. Participation in the social life in the staff is commendable-such events as dances, picnics, excursions, concerts, etc. Show your staff you have an interest in them, and, indeed, they should be of such a calibre that you not only have an interest, but a pride in them.

The greatest means I have to promote co-operation is found in our fortnightly round-table conferences, when all the heads of departments assemble from 4 to 5 p. m. At this meeting I preside, and we discuss matters pertaining to efficiency, economy and better working of our various departments. We ascertain if there is good co-operation, if there are any omissions or overlapping. Everybody-must be frank and open-minded and all matters controversal and contentious laid on the table and discussed. Any department may be subjected to criticism of a constructive nature. Being held during working hours, attendance is compulsory. Each member is called on in turn to bring anything before the meeting, after which general discussion follows.

EFFICIENCY

Today throughout the land the profession and the public demand efficiency in our hospitals. Hospital standardization has rapidly covered Canada and the United States and has already resulted in greatly increased efficiency in our institutions. Efficiency is measured in the last analysis by the services rendered to the patient, and means that certain conditions must be fulfilled.

Firstly—The institution must carry a capable and expert personnel working harmoniously and co-operatively:

Secondly-The institution must have an up-to-date equip-

ment and all facilities for diagnostic and special treatment:

Thirdly—The institution, through organized machinery, must keep an intense scrutiny over all the work done and a close check-up, so as to make sure the work is competent and the patient securing the best result.

In short, all work must be well done and the hospital give a complete service, carefully scrutinized. The efficiency of your hospital is not measured by surplus or low per diem cost. It is service.

The proper investigation of complaints and incompetent work or end results in a hospital is essential today. The investigation and disposal of these complaints is of vital importance, and I mention a few essentials:

Have your organization to prevent causes for complaints and have machinery to investigate them should they occur.

Have all complaints in writing if possible. Receive all complaints with an open mind. Investigate all complaints with an open mind.

Give all concerned a fair opportunity to state their case. Render a definite verdict in writing after carefully weighing all evidence.

Many complaints are unfounded and usually the party making them will refuse to put them in writing. Too often we receive and investigate complaints with a closed mind and therefore cannot arrive at the best conclusion.

To find out the incompetent work done in the hospital there must be analysis of all the work, and this will reveal from time to time instances where the best results have not been obtained. This is due to a cause which must be found. Investigation should follow. All data having been secured from the various sources is considered and weighed by the hospital authorities themselves. If necessary, this may have to be further submitted to a committee before a conclusion can be arrived at. The conclusion may carry with it obligatory action.

HOSPITAL MORALE

The world is greatly unsettled in mind today and, generally speaking, the dispositions of people are not what they were formerly. People today are more critical and less appreciative. Certainly our patients are much more difficult to attend and discipline than they were a few years ago and hospital administrators feel it is harder to maintain the morale today. Indeed, I believe the same may be said of the hospital staff, the attending doctors and the public. The staff today is much more costly, does less work, is much harder to satisfy, and does not carry responsibility as well as formerly. There is one group, however, from which we get the most satisfactory service today, and that is our nurses-in-training, as they are still a well disciplined body.

Smoking has become such an obstinate habit that it has to be recognized and allowed in wards today, regardless of the fact that it is a menace in every respect as far as the hospital is concerned. It immeasureably increases fire hazard, it is annoying to sick patients, and it increases the work for the nurses. The only solution I have been able to make for this is to allow them to smoke at certain hours, for instance, an hour after each meal.

Visiting privileges in a large number of hospitals today are giving the administrators great trouble. In many cases it is detrimental to patients and in all cases it wastes the nurses' time. Experience during the influenza epidemic, 1918-1919, in our own hospital revealed interesting results. During two months over 2,000 patients with various conditions other than influenza were treated in the main hospital and were absolutely and entirely deprived of visitors. That the patients, in spite of a much reduced nursing force and medical attention, made far better and

quicker recovery is undoubtedly a fact. This was evidenced by shorter stay in the hospital, fewer complications, and even fewer deaths. Further, in spite of the fact that influenza was raging in our city and we carried 1,000 influenza patients in another section, yet there was not one case of influenza developed in this large number or patients. The reason for this was undoubtedly the fact that the strictest precautions, rules and regulations were instituted and lived up to.

Visitors carry into patients, in spite of vigilance, injurious articles to eat, disseminate infections and at all times disclose to patients information detrimental to their mental comfort. On the whole, the disadvantages overshadow the advantages so much so that visiting should be restricted in every hospital throughout the land if the best interest of the patient is going to be conserved. However, what we are interested to know is: What steps shall we take to improve hospital morale? I am throwing out the following suggestions for your consideration:

Establish in your hospital attractive surroundings, pleasing mentally and physically. Many hospital wards today are uninviting and cheerless, having none of the "homelike" touches to which the patient has been accustomed.

The introduction of occupational-therapy tends to a more happy and contented patient, something to busy away their time and not give them an opportunity to misbehave. Indeed, the army taught us that this work did much to keep good morale and discipline amongst the soldiers in the hospitals and undoubtedly makes the patient take better treatment.

Provision should be made for concerts and music. A new phase is now developing in what is known as "music-therapy." Certain music has been found to be applicable to certain diseases. Further, music in any form produces a much better feeling amongst the patients.

Provision should be made for the establishment of a library for suitable reading matter within the hospital.

Attention given to the patient's needs, whims and desires tends to more happiness and contentment. The barber, the newsy and the canteen should be available to meet the pastime needs of the patient. Where possible, telephones in rooms are desirable.

Provide each patient with a kind of service a real hospital should give, and develop the human interest touch and sympathy, getting away from the cold routine.

Treat your staff well, having good working, living and social conditions.

Provide the doctors with an efficient service.

Treat the public in a courteous and ever-obliging manner. Meet them at every instance with a smile and a good turn if the opportunity presents.

PRACTICAL ECONOMIES

It is generally admitted that the hospital is one place where there can be great wastage, through many and various outlets. In this paper I will only mention a few of the more common sources:

(a) Time and Energy.

It is regrettable that in many of our admirable institutions, owing to the architectural designs and layout, innumerable extra steps are required to perform each duty. Too often, also, we find inconveniences or lack of the necessary facilities with which to work.

A proper and systematic division of duties in an institution is an economy. Skilled staff should not spend its time and efforts at work which can be done by unskilled. We see nurses doing work which can and should be done by maids and helpers. The nurse's time is more essential for the actual nursing care of the patient. She should be relieved of the menial work of the ward, though she should know thoroughly how to do it herself.

Fortunately the day of labor-saving devices in the past few years has effected a marked economy, in labor especially. Labor today is so high that we must practice economies of this nature wherever possible.

(b) Money.

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Money is lost directly by inefficient business methods. The business side of the hospital must be kept efficient and should not be overshadowed too much by the medical staff. A business department will be required to provide such accounting that not only passes the auditors, but gives an accurate knowledge of costs or costs accounting as well as an efficient system of investigation and collection.

(c) Equipment.

Economy can be effected in the purchasing, the care and the use of equipment. Some of the equipment on the market today is not practical for hospitals, and only such as is standard should be secured. Expert opinion when necessary, if obtained, will guide you in purchasing that which is necessary only.

In a hospital equipment gets hard usage. Nurses, interns and hospital staff generally need be specially trained in the care and use of same; repairs and renewals are required to be made at once. This may necessitate having a permanent staff of painters, carpenters, laborers, splint makers, etc.

(d) Supplies.

In the purchasing of supplies familiarity with prices, quality and standards is necessary. Most large hospitals have their purchasing agents today. All supplies should be only requisitioned by the various departments, and when secured invoices and requisitions checked. It is desirable to have a proper descriptive specification of the articles needed according to a well-tried standard. Contract buying in most instances is preferable to the open market.

All supplies should be kept in a store, systematically arranged and readily accessible, both for delivering and taking stock. Indeed, hospitals would do well to adopt the army system—that is, have a quartermaster in charge of stores.

There is a vast difference in the way people use supplies. Some, I believe, have a real economy conscience, but I am afraid many have not. Frequently far more than necessary is used, especially in dressings and drugs. Investigation of these two in our hospital at one time revealed that economy in the use of drugs and dressings would mean a saving of 33 1-3 per cent. This has led to more stringent methods being put into force, including the use of substitutes where money can be saved and efficiency maintained.

The reclamation of supplies is another phase of economy. In this we are particularly interested in dressings, linen, blankets, paper, rubbers. There are many processes known to you for the reclamation of dressings and nearly all can be reclaimed one way or the other.

Linen articles not mendable can be transformed into other articles. Blankets can be cut down for baby cribs, used for fomentation covers, etc. Discarded stationery forms can be transformed into others and not wasted. Rubber sheeting can be cut down for smaller sizes and pillow covers. Rubber hot water bags and ice bags are best sold to the junk dealers.

(e) Drugs.

The use of the hospital pharmacopeia or standard stock prescriptions helps considerably. By this means prescribing may be made more uniform. Hospitals should ask their doctors to adopt uniform methods, prescribing by number of doses instead of leaving it to the pharmacist to decide. The number of doses should be specified and should bear a direct relation to the time which the patient will be in the hospital or is to receive the medicine. When stock prescriptions are used time is saved by the doctor

in writing the prescription and by the pharmacist in filling it. Unfortunately we find many prescriptions the same as the stock prescription in effect, but a slight degree of alteration of a minim or two in the prescription, thus necessitating the pharmacist's time in making it up specifically. It is generally admitted that the average doctor can limit himself to very few drugs. The medical profession in our hospitals should get together and decide on more standard and uniform methods of prescribing. Carelessness in writing a prescription, leaving out the quantity required, the ward, the date or the name in full, causes the pharmacist unnecessary loss of time in tracing up these details. In Canada the vexed question of alcohol has been before us for years with no redress. In the hospital I am connected with we have solved this question in our own case by taking out a manufacturer's license and putting in a bonded warehouse. Confiscated alcohols, in Canada, in some cases are turned over to hospitals for use.

(f) Food.

As stated previously, it is important to buy right as to prices and quality. Experience and knowledge is necessary and a proper, well defined standard commendable. Sums of money can be wasted unless scientific care is exercised in the purchasing, storage and catering of food. Foods require proper storage and refrigeration, both of which are lacking in many hospitals. The making up of food is extremely important. When large quantities of food are being made some of the natural flavor or taste may be destroyed. The value of a good cook or cooks cannot be too strongly emphasized. Nowadays trained dietitians are in charge and better results are obtained, at a greater economy to the hospital. Food should be plain and substantial, retaining its natural flavor or taste as far as possible.

The service in the food in our wards is of vital importance and may really be the source of complaint more often than anything else in connection with the food department. This is due to three reasons—food cold when served, too large a helping or an undesirable dish. There is nothing so detrimental to the success of the hospital as to serve food of poor quality, cold or untastily served.

In our institution we make the dietitian responsible for the whole food problem—for quality, for preparation, for distribution and for service. As she cannot be in several places at once when food is being served, we hold the head nurse responsible to her for service. Generally speaking, we use a selective service for our patients. Their choices are elicited and initial helpings are not too large, and they know that they can be repeated if desired.

All left-overs, trimmings or waste should be taken care of by some economy device. In our hospital we have the following economies being carried out persistently:

1. FAT-

(a) Trimmings-

Trimmings are rendered and disposed of as follows: Used as substitutes for butter and lard in hospital cooking; balance sold to White Lunch.

(b) Roast Trimmings-

Cleared and sold in five-pound tins.

(c) Scraps-

Used for the manufacture of green soap and hospital laundry soap.

From the above sources the fat receipts monthly are from \$50.00 to \$125.00.

2. BREAD, BREAD CRUMBS AND CRUSTS-

These come from wards, kitchens and dining rooms and are disposed of as follows:

(a) Used for food for laboratory animals.

(b) Sold to hospital employes at ½ cent per pound for chicken feed.

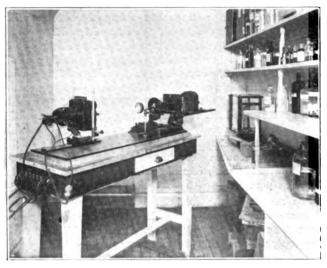
(Continued on Rage 100.)

Laboratory Service in Great Demand

Toledo Hospital Requires Three Technicians in Pathological Department, Compared with One Assistant Three Years Ago

By Theodore Zbinder, A. M., M. D., Pathologist, Toledo Hospital, Toledo, Ohio

When the writer five years ago assumed charge of the pathological laboratory of Toledo Hospital he was confronted with the most serious obstacles: lack of funds, and a discouraging indifference and even ignorance on the part of the medical fraternity. The institution was operated by a private corporation without any endowment, and was struggling under the usual deficit of \$5,000 to \$20.000 annually. The physicians and surgeons belonged largely to the older school; and if they had heard of the laboratory, they were unable or reluctant to apply its use to any particular case. Others who were more familiar with the laboratory had be-



MICROSCOPIC PHOTOGRAPHY DEPARTMENT

come accustomed to getting along without it, and were slow to adopt its use as a routine procedure.

However, a few of the more progressive and influential medical men insisted upon a radical improvement over the previous haphazard method of doing the necessary pathological work. The beginning was modest, indeed; yet the institution thrived wonderfully from the start and twice outgrew its quarters. It is still growing and has before it a very bright future.

The first laboratory was a large, well lighted room, with an alcove. The necessary carpenter work and plumbing made it into a fairly good workshop. The old equipment that had been widely scattered, was gathered together and considerable new apparatus added so that the ordinary chemical, bacteriological and tissue work could be done.

METHODS OF FORMER YEARS

In these days the pathologist did all the work himself. He spent an hour or two at the laboratory, but was subject to call in case of emergency. Some of the examinations he did at his private laboratory, downtown; such as the Wassermann test, and other more complicated tests, requiring special equipment. Interns and nurses, who were more plentiful in those days, were supposed to assist in the laboratory. But their assistance was very unreliable. Especially was this the case with the nurses, because as soon as one had become somewhat proficient she was taken out to make place for a novice.

The laboratory was financed by assessing each patient, with few exceptions, a fee of one dollar. This fee covered

urinalysis and blood counts. Additional work, such as Wassermann tests, tissue diagnosis, blood cultures, etc., was done only as physicians ordered, and an extra fee of \$5.00 was usually collected. The pathologist received a small salary and one-half of the fees collected, which varied from \$20.00 to \$90.00 per month. But these extra fees were always difficult to collect, and the great majority of the patients had only the one routine urinalysis on entrance. The average number of examinations, aside from the ordinary urinalysis, in 1916 and 1917 was 48 per month. In the two years there were 390 tissue diagnoses, and only 70 Wassermann tests made.

The next decided step came in 1917 with a newly organized staff which was influential in bringing a trained superintendent to the institution. This staff placed great importance upon the laboratory and found the new superintendent entirely in accord with that view. Additional space was provided for sterilizers and storage lockers. A fairly well trained full time technician was employed, and added greatly to the efficiency of the laboratory. Considerable new equipment of a high grade was also acquired about this time.

PATIENTS' FEE IS RAISED

The patients' laboratory fee was made \$2.00, which was to include all tests ordered by the physicians. The extra fee system was discontinued. The straight \$2.00 fee was about sufficient to give the pathologist an increase of salary and pay the technician from \$50 to \$70 per month and maintenance. Immediately there was a sharp increase in the demand for laboratory work, especially in tissue and blood examinations. This demand came largely from the members of the staff. Thus in 1918 the average monthly work, aside from the urinalysis, was 54; tissue diagnoses, 14; blood counts, 25; Wassermanns, 5; miscellaneous, 11.

However, this excellent staff disbanded about the middle of 1918. As individuals they could not bring much pressure to secure improvements. Yet the standards of the entire institution were continually being raised through the efforts of the superintendent. The laboratory along with all departments continually improved. During 1919 the average number of tissues per month was 23; blood counts 38; Wasser-



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THESE VIEWS INDICATE SIZE OF THE TOLEDO HOSPITAL LABORATORY

manns 10; miscellaneous 16. This shows a marked growth of work done; while the laboratory fee was at the same time raised to \$3.00.

In the fall of 1010 it was realized that the laboratory had outgrown its quarters, and it was moved to another place with much better light and ventilation, and about three times the previous space. There is a convenient room for tissue work with a large closet used as a dark room for photomicrography. A second much larger room is divided into separate compartments for serological work, blood chemistry and urinalysis. A third room is used for bacteriology; and also contains the sterilizers, ovens, incubators, a hood and a separate space with sink for washing and cleaning glassware.

TECHNICIANS ARE INCREASED

The number of technicians has grown to three; all of them specially trained in their particular branch; and the amount of work has increased enormously. At present we are doing about 70 tissue diagnoses per month; 76 blood examinations, including about 28 blood urea, sugar and creatinin estimations; 30 Wassermann tests, and a great deal of other work. Considering the size of the hospital, which has only 120 beds, this is a very good showing. All tissues, including tonsils, are subjected to microscopic examinations, and a large proportion are examined for bacteria. Routine blood Wassermanns on all patients on entrance are under consideration, but are made at present only on obstetrical cases. They should certainly be done on all patients requiring a major operation.

A good laboratory is a very expensive institution. Our movable equipment cost in the neighborhood of \$3,000, and at present prices would cost \$2,000 more. The upkeep is about \$800 monthly, and continually growing, so that the laboratory fee had to be raised to \$4.00 per patient. There is occasional difficulty in collecting it in cases where little work was done, yet this method seems the more practicable. No one has to pay a very large fee, whereas if patients were assessed according to the work done, some would have to pay \$25 to \$50, or even more, and the chances are most of the work would not be done. Yet in these days no one can question the value or even the necessity to the patient of all these examinations.

The policy of a laboratory should be to give conscientious service to physician and patient. The pathologist is often requested to explain his findings, especially from his own personal standpoint of view. He should cheerfully express his opinion without overestimating its value, yet should com-

mand the respect of the clinicians. Such a policy will bring success to any institution just as it has to the pathological laboratory of Toledo Hospital.

Chinese to Control Hospital

A hospital at which none but Chinese patients will be received, and in which every intern will be a Chinese physician, is to be established on Trenton street, near Jackson, San Francisco, to replace a ramshackle structure in the same block. The new building is to cost \$60,000, and will accommodate sixty patients.

Control of the hospital will be vested in the Chinese Consolidated Benevolent Association, better known as the "Chinese Six Companies."

Funds for the construction of the hospital have been raised by contributions from thousands of Chinese throughout California. If a Chinese patient seeks admittance to the hospital, but fails to satisfy the board of control that he has contributed his mite toward the establishment of the institution, he will be denied its benefits.

Only in case of necessity will white physicians be called into consultation.

Poses as Graduate Nurse

The Methodist Episcopal Hospital, Brooklyn, has sent out a notice that a woman posing as Miss Mary Ault, a graduate of the Methodist Episcopal Hospital, is attempting to secure a hospital position under that guise. The real Miss Mary Ault is practicing in Lebanon, Pa., at present. The fraudulent Miss Ault has the graduation pin of the Methodist Hospital.

Speech Training for Veterans

Between 90 and 100 war veterans, unable to speak intelligibly because of wounds in the mouth or neck, are to be retrained by the federal board for vocational training. About 25 per cent of these are in hospitals.

Danish Hospital Established

The Fenger Memorial Hospital, the first Danish hospital in the United States, has been opened at Omaha. It will accommodate about 200 patients.

Hospital Attendants Organize

The Hospital Attendants' Union recently was formed in New York with a membership of 100, according to press reports. Better working conditions and increased pay are to be demanded, it is reported.

New Building for Rosita Hospital

A thirty-bed capacity building is being erected for Rosita Hospital, Rosita, Coahuila, Mexico. Three dispensaries will be operated in conjunction with the institution, according to Dr. W. H. Cressy. Digitized by

Three-Year Nursing Course Is Necessary

Mature Judgment and Efficiency Can Not Be Developed in Average Girl in Two Years, Says Bacon

By Asa S. Bacon, Superintendent Presbyterian Hospital, Chicago

A three-year course is necessary to produce a nurse properly trained and properly fortified to meet the demands of the present generation. Mature judgment and efficiency are the most important qualifications of a nurse. These you cannot develop in the average girl in two years, especially by the admission of young candidates into our schools. No doubt there are some exceptionally bright girls who can absorb enough in two years, but the large majority of students require a longer period to qualify themselves to meet the demands of an exacting public.

In general, I believe that the principles laid down in the three-year courses of our schools are meeting the demands of the public, except in the shortage, such as we are experiencing in all vocations. Of course, we will have to make changes to meet the changing conditions of the country, but each social change is toward higher standards, not only in living, but in education and everything that touches the physical and social life of our people. Why should we lower the standard of the nurse?

As superintendents, we should consider what the relationship of the hospital is to the community. It seems to me that our first duty is to care properly for the sick in the hospital, and in so doing we must have efficient nursing.

There is no argument that the third-year nurse has more mature judgment than the first or second year girl. She can be placed in much more responsible places. The three-year course stands not only for greater economy, but greater efficiency in the hospital, because the turn-over of pupils is less.

The public is very much interested in the sick being properly nursed, but it does not encourage its own daughters to take training. The people do not seem to realize that it is just as important to care for the sick of the community as it is to conduct the business of the community. If we, in Chicago, had to depend upon our own girls to fill the training schools, we would have to close our hospitals unless we could arouse our people to fulfill their obligations to their sick. It is the mothers and fathers who are partly to blame for the shortage of nurses, in as much as they want some other girl rather than their own daughter to care for their sick. The responsibility rests with the community and not with the hospital. We cannot get girls unless the parents will send them to us. Nevertheless, the parents are not altogether to blame. They have not been sufficiently educated. It is the duty of the hospital to set its standards right, then educate the people. Pre-nursing courses are valuable, for they are a big factor in educating the student and the parent.

I am in favor of high standards, the eight-hour shift and the three-year course, with an allowance of a month a year vacations and one month for sickness.

Section on Nursing

The meeting of the Section on Nursing of the American Hospital Association, held on Wednesday evening, October 6, was one of the most interesting and best attended sessions of the convention. It was held under the chairmanship of Miss E. M. Lawler, superintendent of nurses, Johns Hopkins Hospital, Baltimore, with Miss Elizabeth Flaws, superintendent Wellesley Hospital, Toronto, as secretary.

The first address was that of Miss Jean I. Gunn, superintendent of nurses of the Toronto General Hospital, her subject being "Affiliation Between Schools of Nursing and Universities." She gave in detail the plan by which the hospitals of Toronto have secured and used the co-operation of the University of Toronto for the purpose of unifying and otherwise improving the instruction of their pupil nurses.

Eleven public hospitals and several private institutions are concerned in the movement, all having training schools. The shortage of medical men during the war made it necessary to find some way of continuing the instruction in the schools with a reduced number of teachers, and co-operation was the answer. A typical case was that of a leading surgeon, who was found to be giving the same course in three nurses' schools.

It was in 1917 that the first effort was made toward unified instruction. The University supplied only a class room, the instruction being guided by a committee consisting of the superintendents of the training schools. The medical faculty of the University selected the teachers, although there was at that time no effort made to connect the course with the University itself. Nine of the eleven hospitals participated, and the instruction given was confined to theory. Classes for senior students in chemistry are now given by the University, while a course at the University in public health nursing also is used in the senior year, and two months of field work is offered by the City Department of Health.

PLAN HAS MANY ADVANTAGES

The advantages of the co-operative plan far outweigh the minor disadvantages and include better teching, uniformity of courses, uniform examinations, contact with other students, and co-operation with other training schools.

"Hospital Helpers" was the live subject discussed by Miss Claribel A. Wheeler, superintendent of nurses. Mt. Sinai Hospital, Cleveland, that is published elsewhere in this issue.

Miss Anne W. Goodrich, director of nurses, Henry Street Settlement, New York, spoke on "The Freparation of the Student Nurse for Public Health Nursing." Miss Goodrich emphasized chiefly the fact that the public health nurse is an important potential factor in the prevention of disease, and that the growing needs of the field should be met. If only ten per cent of the public receives most of the hospital and nursing service now available, as it is said, Miss Goodrich suggested that the other 90 per cent, who must rely on the public health nurse, should receive some consideration.

Supporting these suggestions, the speaker gave some interesting data collected by the Metropolitan Life Insurance Company in connection with the work of its welfare department, showing an improvement in the death rate and other respects, as compared with the registration area.

Referring to the question of where the supply of nurses is to come from, Miss Goodrich said that the number of girls in high schools in the United States is three times the number of boys, and that the proportion is increasing, as well as the number entering the colleges, thus furnishing a large supply of material, provided interest in nursing can be stimulated. Affiliation can be arranged which will provide opportunity for public health study, she declared.

"The Student Nurse Recruiting Movement" was explained by Miss Carrie Hall, superintendent of nurses, Peter Bent Brigham Hospital, Boston. The plan has been worked out by the three national nursing organizations, and involves a nation-wide campaign which will utilize every possible avenue of publicity and direct approach to those who should be interested. Local committees are to be formed, with representation for the public, the hospitals, the nurses, the medical profession, the press, commercial organizations and women's clubs, and these committees are to secure lists of approved nursing schools in their districts and other information for possible students.

NEED FOR BETTER TEACHING

Opening the discussion of the papers Miss McMillan, head of the training school, Presbyterian Hospital, Chicago, said that the chief need just now is for better teaching, in order that the training school may be made really educational. Women, she said, are essentially and instinctively interested in nursing, and will continue to take it up if offered proper training. She gave interesting results of a questionnaire addressed to a group of student nurses, indicating a marked preference on the part of the students for an adequate course, with adequate instruction.

Indicating the determination of students to gain all possible instructon, Miss McMillan said that eight senior students are paying university tuition in order to secure a public health course, although they receive no pay, no uniform and no books in their training school. Parents also must be satisfied that their daughters are to receive real education before they permit them to enter nursing, and a thorough course is one means of removing parental opposition.

At the Illinois Training School for Nurses, it was stated by another speaker, attendants have been employed since 1908 to do much work to relieve the nurses. One employe has become helpful in the X-ray department, another mends all rubber gloves, and others do various tasks, at which they are adept through practice. Clerks take care of records, errands, telephone calls, etc. By these means a small number of student nurses has been able to care for a great many more patients than would otherwise have been possible.

Illinois training schools, it was reported, are not well filled, though an increase is noted over last year, and the number of graduates has not decreased, the census showing a steady increase since 1905, with 1920 the biggest year.

Miss Elder, interstate secretary for the national organizations, gave some interesting comment concerning her work, in which she has in the past year visited 39 states. She agreed with Miss McMillan and other speakers to the effect that the demand is for better education. Women who want to make money will not be attracted to nursing in any event, she said, preferring to adopt lines where the financial returns are quicker and larger, and those who will be interested can be attracted only by a real educational opportunity. When the physician and the board member put their own daughters into nurses' training schools as a good place for a girl, the situation will begin to improve, she suggested.

Dr. M. T. MacEachern, of Vancouver General Hospital;

said that the hospital executive must see that the training school is given a fair share of his attention. Better working conditions, shorter hours and better living and social conditions should be provided as a matter of course. Better training conditions, with competent instructors and adequate equipment, are needed. University affiliation is becoming important, he said, and the colleges themselves must recognize the needs of nursing education, as well as of medical education.

Public health training must be given in some form, he conceded. Ward helpers seem to be a practical solution of the difficulty regarding the shortage of nurses, to some extent. Referring to the recruiting movement, Dr. Mac-Eachern declared that the hospitals must have something to sell to the prospective students, and that it must be done in a dignified manner. Personal contact with high school and university students will help materially in this campaign. The small hospital must not be overlooked, and should receive the assistance of the larger institutions.

Dr. Frank E. Bunts, Cleveland, made the pointed comment that the interesting and brilliant addresses to which he had listened during the evening failed, in his opinion, to sound the note of service to the sick. He agreed, he said, to the need for better training, and to the needs of the public health field, but he declared that bedside nursing for sick men, women and children seems to be in danger of being overlooked in the interest in other matters. He inquired whether the nursing of the sick is to be left to the mother, sister or wife, and said that the suggestion overlooks the fact that the psychological influence of the nurse in the sick-room is of high value.

Miss Goodrich answered that it is not intended that all nurses shall be public health nurses, but that the idea is that the nurse in the home shall be able to give preventive suggestions, in order that, for example, she should not be called in to nurse typhoid or pneumonia several times in the same family.

Notes of the Convention

One of the regrettable features of the convention was the presence of what some of the medical men described as "a septic bug," which laid up a considerable number of hospital people and exhibitors with severe cases of sore throat and tonsilitis. Among those afflicted were Mrs. P. W. Behrens, wife of the superintendent of Toledo Hospital; Frank E. Chapman, superintendent of Mt. Sinai Hospital; Dr. O. F. Ball, publisher of The Modern Hospital, and Dr. John Bacon, son of Asa S. Bacon, superintendent of Presbyterian Hospital, Chicago. Dr. Joseph B. Howland, superintendent of Peter Bent Brigham Hospital, and president of the association, had a sore throat all during the convention, but handled the exacting duties connected with the chairmanship in splendid style.

Among those who came long distances to the convention was Dr. Malcolm T. MacEachern, superintendent of the Vancouver, B. C., General Hospital. On his way to the convention he addressed the Hamilton, Ont., Medical Society on the subject of "Hospital Service," his talk being particularly timely in view of plans for a memorial hospital in Hamilton.

Asa S. Bacon, superintendent of the Presbyterian Hospital, Chicago, toured all the way to Canada, having a fine experience. His speedometer showed 3,000 miles, as he went by way of New York and up through the New England mountains.

Friends of Miss Hazel Runyan, who recently resigned as superintendent of Flower Hospital, Toledo, were interested to learn of her new work as head of the Arizona

(Continued on Rage 94.)

Round Table Is Big Convention Feature

Two Highly Interesting Sessions Devoted to Practical Discussion of How Various Hospital Problems Are Solved

The feature of the convention which has come to be looked forward to with interest by a great many superintendents is the round table presided over by Asa S. Bacon, superintendent of the Presbyterian Hospital of Chicago. Two sessions were set aside for this feature at Montreal, Thursday afternoon and evening. The committee in charge was fairly deluged with questions, indicating the interest of the superintendents in the discussions.

The initial discussions were on the subject of getting student nurses, and sentiment showed that there was opposition to the idea of lowering standards as to entrance requirements or cutting down the length of training courses. On the other hand, it was felt that many good nurses entered training with preliminary education which would be considered insufficient today, and some of those present thought that the door of opportunity should be kept open today for the nurse of this type. Daniel D. Test pointed out that the number of applicants ebbs and flows with industrial prosperity, and that prosperity has accounted for many difficulties along this line. It was agreed that the hospitals should take their problems to the public, which is chiefly interested in maintaining the supply of nurses.

Comparisons were made as to salaries paid superintendents of nurses and others in the nursing department. The amount of the allowances for student nurses was also discussed. Practically all of the hospitals represented give allowances. Those who do not, have loan funds from which students may obtain money with which to carry on their work. Dr. H. J. Moss made the point that on account of the high cost of living, the student needs a larger allowance than formerly for her maintenance.

How much soap, powder and other cleaning materials should be used in the hospital? was asked. Mr. Bacon reported \$13.37 per year per capita for his hospital.

WIDE RANGE IN WAGES

Wages paid porters, maids, etc., were found to vary widely with the locality, ranging all the way from \$20 a month in Georgia to \$50 a month and maintenance in Illinois. A number of hospitals are reducing the amount of maintenance provided.

Most of the hospitals represented give allowances to interns. The point was made that the hospital has better control of the interns when a salary or allowance is paid.

There was considerable interest in a question as to the extent to which rates had been increased. Reports indicated an average raise of about 30 per cent. Dr. English reported that the Interchurch World Movement hospital survey of 400 hospitals showed an average cost of \$3.40 a day. The average in Canada was stated as \$3.75 a day.

Miss Mary E. Keith, superintendent of the Rochester General Hospital, gave some interesting facts regarding the welfare work done for hospital employes. A welfare worker is employed to look after the domestic help, and in addition to providing recreation she also manages educational classes. An example of the way in which the employes have responded is shown by the fact that a waitress has become an office worker as a result of the training. Pliny O. Clark said that at the Ohio Valley General Hospital, Wheeling, W. Va., of which he was formerly superintendent, the housekeeper looked after

recreation for the help and also provided sewing classes and other training in domestic science.

Vacations to employes were found to average two weeks with pay, though some institutions give older employes longer periods of rest.

MAINTAINING QUIET ZONES

The question of maintaining quiet zones provoked some aiscussion regarding the necessity of police protection. Without special policing it has been found that quiet zones are seldom respected.

Housing help is cheaper if the hospital owns its own buildings, but more expensive otherwise, in the opinion of C. B. Hildreth, superintendent of St. Luke's Hospital, Cleveland. Public Health Service hospitals furnish quarters if possible; otherwise an allowance of \$30 to \$35 a month is made in lieu of them.

A suggestion of interest to small hospitals was that the establishment of a central gauze room and the standardization of bandages would save expense. Irregular sizes make for higher cost, especially when the bandages are bought outside.

The question of identifying infants born in the hospital was disposed of by several speakers, who described the use of aluminum tags, footprints, necklaces made of fishgut and carrying the names of baby and mother, etc. It happened that the current issue of *The Literary Digest* contained a reproduction of an article from Hospital Management on this subject, describing the footprint system in use at Columbia Hospital, Milwaukee.

The practice of charging extra for the maintenance of babies is becoming general, it appeared. Mr. Bacon reported a fixed charge of \$2 a day at the Presbyterian Hospital.

The question of suing to collect hospital bills was submitted, and it appeared that many put bills into the hands of attorneys for collection, though some of them don't actually bring such cases to trial, as a matter of policy. It was suggested that a settlement of some sort be had with the patient before discharge. Dr. Wilson urged that hospitals be placed on the same footing in this respect as hotels.

CENTRAL INCINERATOR ADVOCATED

The ward incinerator came in for some hard knocks, many saying that it encouraged wastefulness on the part of student and graduate nurses. A central incinerator is a good thing, however, and it pays to have a good man examine all material delivered to it, so as to rescue the silverware, surgical instruments and other articles of value that somehow get thrown away.

The size of a patient's room is determined largely, it was agreed, as to the way in which it is ventilated. Mechanical ventilation makes it possible to use smaller rooms than otherwise.

Mr. Bacon reported the use of soft gray and buff walls as satisfactory from the standpoint of the effect on the patients.

Surgeons and other staff members who ask for supplies other than those carried as standard by the hospital should pay for them, it was asserted.

The advantages possessed by a medical man as a superintendent, compared with the non-medical men and with women were presented, and Dr. C. G. Parnall, of Ann Digitized by Arbor, who had taken the medical point of view in a paper read before another section, defended his position. He reiterated, however, the statement that the graduate nurse offers more brains than can be obtained for the money in any other way. Cornelius S. Loder, of New York, hospital consultant, pointed to failures and successes of all types, and said that no one class or group can supply all of the successful hospital superintendents.

The question of using pupil nurses for special nursing brought out a general negation, qualified, however, by the fact that it may be considered an essential part of the training for the pupil to do some specializing in her final year. There should be no charge for this service, however. It was also suggested that this plan makes it possible to provide specials for poor patients who need the service and are unable to pay.

Electricity for cooking was regarded as desirable, but expensive. A number reported that they found appliances of this character convenient, but that they get out of order easily.

The pros and cons of community chests were presented, Dr. H. J. Moss opposing the idea on the ground that it causes the hospital to lose its individuality. Miss Keith had found it highly advantageous in Rochester, and said that this year the hospital received \$128,000 from the chest, an amount that could not have been raised independently.

"HOSTESS" ATTENDS TO VISITORS

The use of the social service department to control visiting was suggested. It was reported that the Montreal General has a "hostess" whose duty it is to look after those who come to visit patients. Dr. Moss reported establishing successfully a special visiting period from 7 to 7:30 p. m. two nights a week for the benefit of wage-earners who can come at no other time.

The difficulty of preventing alcohol from being taken by petty thieves was referred to, and the prohibition regulatons as to its handling described.

Representation of the medical staff on the board of trustees was frowned on, because of the possible friction that might be engendered. However, a joint conference committee, of which the superintendent is a member, was regarded as a desirable connection between board and staff. Some of the doctors present, who held board connections, did not see why it was a bad thing.

The publication of a bulletin, issued quarterly or more frequently, was endorsed as a good thing in the stimulation of public interest.

Dr. MacEachern described in an interesting way the waiting room at Vancouver General Hospital, bringing out the point that when the patient has to wait he is uncomfortable unless special care has been taken to provide pleasant surroundings. Pictures and educational material relative to the hospital enable those who have to wait even a short time to employ it agreeably. He suggested, as a psychological proposition, that in waiting rooms of this kind no pictures indicative of surgical work be shown.

PREPARATION OF RECORDS

The preparation of records by a trained nurse was brought out in connection with a report that the Commissioner of Public Welfare of New York City had issued an order requiring this. Weekly reviews of case records by the staff was reported to be the rule in Woman's Hospital. New York, where Dr. J. Ward Gray has developed the record work to a high degree of efficiency.

One reason why more autopsies are not obtained, it was suggested, is that the undertakers object, and their opposition causes relatives to withhold consent.

A resolution was adopted recommending to trustees that superintendents be authorized to attend their meetings.

On account of present market conditions, it was thought that the buying policy of the hospital for the present should consist of providing only for immediate requirements.

This brought up the question of operating a farm for the production of some of the hospital's food requirements. Dr. C. M. Wollenberg, superintendent of the Relief Home and Infirmary, San Francisco, said that his experience had shown that where the hospital could provide its own labor, a farm was a good thing, but that when labor had to be hired, the farm showed a loss.

Miss Mary Surbray, of the Warren Hospital, Warren, Ohio, told of their method of taking histories. Two dictaphones are used, and the doctors give their histories promptly through the machine. Operative procedures are dictated to a machine located in the operating room, this being done immediately after operating.

Mr. Bacon announced that questions which had been submitted and not answered would be replied to by mail after being submitted to the advisory committee organized for the round table session.

Inspect Illinois Hospitals

State Medical Society to Investigate Institutions in Connection with Intern Training

Regulations for determining the eligibility of hospitals for the reception and training of interns during the fifth year of medical education were adopted at a joint meeting of the Illinois Hospital Association, the Council on Medical Education of the Illinois State Medical Society and representatives of the Medical Colleges of the state in Chicago. These regulations also have been approved by the director of the Department of Registration and Education of the State of Illinois.

For the purpose of determining which hospitals shall be eligible under these regulations an inspection of all hospitals in the state will be made by the Illinois State Medical Society through their Councillors.

The regulations follow:

Hospitals must be of at least 25 beds capacity with a daily average of at least 20 patients. Each intern shall spend his entire year of service (a) either in one hospital in which there must be a minimum daily average of five medical and five surgical cases, or (b) shall divide his service between two or more hospitals in such manner as to secure adequate practical experience with medical, surgical and obstetrical patients.

Hospitals must have an organized staff which is to be held responsible for the general character of the protessional work of the hospital.

Hospitals must require a history of the cases treated and a complete hospital record must be kept.

Hospitals must be equipped for all routine clinical, microscopical, pathological and bacteriological work, with a staff member in charge. Interns are to be instructed in and have practical laboratory work.

Hospitals must have at their disposal a complete X-ray department with a qualified person in charge under supervision of the staff. Interns are to receive instruction in details of the work.

Hospitals must provide instruction in anaesthesia for interns under expert supervision.

Hospitals receiving obstetrical cases must provide instruction for interns under expert supervision in the delivery of normal and the more common abnormal cases.

Hospitals are to provide rules setting forth the duties and privileges of interns. The same must be posted and each intern provided with a copy.

Dietitians Hold Convention in New York

Many Problems of Hospital Food Preparation and Service to Be Discussed at American Dietetic Association Meeting.

The third annual meeting of the American Dietetic Association will be held at the Hotel McAlpin, New York, October 25-27, the program calling for papers and discussions on practically every phase of nutrition, dietetics and food service. In addition, the special sections on teaching, administration, dietotherapy and social welfare, will have a detailed discussion of the developments and problems in these fields.

Among hospital executives who will participate in the program are Miss Blanche M. Joseph, chairman of the social service section of the association, field dietitian Michael Reese Hospital, Chicago: Miss Mabel C. Little. chairman of the administrative section, hospital dietitian, Norwalk, Ohio; Miss Margaret Deaver, dietitian, Mt. Sinai Hospital, Cleveland; Miss Lenna F. Cooper, dietition, Battle Creek Sanitarium, and Miss Marion Peterson. Swedish Hospital, Minneapolis.

The membership of the American Dietetic Association is steadily growing, and indications are for a big attendance at the convention. The commercial exhibits, including new equipment and food products, promise to be no small part of the meeting.

The program of the convention follows:

MONDAY, OCTOBER 25

Morning Session

Meeting of the executive committee.

Afternoon Session

Section on Administrative Work. Chairman, Miss Mabel C. Little, hospital dietitian, Norwalk, Ohio.

General subject, "To What Extent Can Mechanical Equipment Replace Employes in Institutional Work?" Ten minute talks.

College Dormitory, Mrs. Elizabeth Grider, Cornell University; College Dining Room, Miss Cora Colburn, University of Chicago.

General discussion on equipment.

Menu-Making-Its Economic Aspect-

Dormitory, Miss Elsie Leonard, University of Wisconsin; Hospital, Miss Margaret Deaver, Mt. Sinai Hospital, Cleveland; Cafeteria, Miss Emma Baker, Whittier Hall, Teachers' College; Cafeteria, Miss Smith, War Risk Bureau Cafeteria, Washington.

Economical buying for the institution.

Evening Session.

Address of welcome by the president, Miss Lulu Graves, Cornell University.

Address by Dr. Alonzo E. Taylor, University of Pennsylvania.

TUESDAY, OCTOBER 26

Morning Session

Marketing-Miss Susannah Usher, Boston.

Application of Business Principles to Organization of In-

Training for Administrative Positions in a Cafeteria-Mr. Roland White, Colonnade Company, Cleveland.

Address, Miss Blanche Geary, Economic Secretary Y. W. C. A.

Afternoon Session.

Meeting of Social Service Section. Chairman, Miss Blanche M. Joseph, field dietitian, Emanuel Mandel Memorial Disensary of Michael Reese Hospital, Chicago.

The Supervising Dietitian in State Institutions-Miss Theresa A. Clough, department of public welfare, Springfield, Ill.

Infant Feeding in Welfare Work, Miss Margaret Roche, Grand Rapids.

Social Service in Dietetics-Miss Fairfax M. Proudfit, University of Tennessee.

Evening Session

Dietetics and Dentition-Dr. W. J. Gies, College of Physicians and Surgeons, Columbia University.

The Dietitian in Public Health Work-Dr. E. A. Peterson, director, department of health service, American Red Cross, Washington.

Dietetics and the War-Mrs. Mary DeGarmo Bryan.

WEDNESDAY, OCTOBER 27

Morning Session

Address by Dr. Katherine Bement Davis, General Secretary, Bureau of Social Hygiene, New York.

Address by Miss Emma Gunther, Teachers' College. Research in Dieteics, Miss Hilda Croll, Woman's Medical College, Philadelphia.

Afternoon Session

Meeting of section on teaching. Chairman, Miss Katherine Fisher, Teachers' College.

Dietetics for Nurses-Miss Lenna F. Cooper, Battle Creek Sanitarium.

Methods of Teaching Dietetics-Miss Marion Peterson, Swedish Hospital, Minneapolis.

Review of the Literature on Dietetics-Dr. Ruth Wheeler, Goucher College, Baltimore.

Evening Session

Address by Miss Sarah Louise Arnold, dean, Simmons College, Boston.

Some Dietetic Problems of Infancy and Childhood-Dr. Roger Dennett, assistant professor in the diseases of children, Post Graduate Hospital, New York.

THURSDAY, OCTOBER 28

(At Teachers' College)

Economical Aspects of Buying Meats-Mr. John H. Kelley, buyer, Arthur Dorr Markets, Boston.

Business meeting.

Chicago Invites Dietitians

The Chicago Dietitians' Association at its September meeting voted to invite the American Dietetic Association to hold its 1921 convention in Chicago. About thirty dietitians attended the gathering at Michael Reese Hospital, which was featured by a lecture by Dr. Ernest Lackner on "Schick's Translation of the von Pirquet Method of Calculating Food Values." Following the lecture the members of the association were served with refreshments in the play room of the Sarah Morris Hospital, where readings by Mrs. F. W. Fischer also were given.

The program of the Chicago Dietitians' Association for the remainder of the year, exclusive of the October session, follows:

November 19—Report of meeting of the American Dietetic Association in New York by all who attended.

December 17—Institutional Program: "Field for Dietitions in Hotel Work," by Miss Esther Ackerson; "Tea Room Work," by Miss Stout. Report of nominating committee.

The annual dinner and business meeting, including election of officers, will be held January 21, 1921.

Fit Dietary Plan to Type of Service

Best Results Obtained When Food Department Is Laid Out in Keeping with Character of the Hospital

By Frank E. Chapman, Superintendent Mt. Sinai Hospital, Cleveland, O.

The hospital feeding problem is a rather complex one, covering the serving of food to private patients, to ward patients and to the hospital personnel, necessitating a very careful consideration of the methods of service in conjunction with preparation. A very common mistake is that of planning the Dietary Department and then attempting to fit a service to this plan, rather than approaching the problem in the logical way, by first determining the character



FRANK E. CHAPMAN,
Superintendent Mt. Sinai Hospital, Cleveland, Ohio.

of service and then fitting the plan around that type of service.

The centralization of all preparatory service is, of course, by far the most economical, and if it is possible, with the type of institution, to prepare and serve the personnel of the institution from the main kitchen, it should be done.

MAIN KITCHEN

The location of the main kitchen is of paramount importance. There are three general locations—

Top floor of the building.

First floor location.

Separate building.

There are some few types of hospital buildings that lend themselves to a top floor kitchen development, but the scheme in general should not be encouraged. The top floor of a building is unquestionably the best floor for patients and unless there are some unusual conditions that present a portion of this floor which can be used for kitchen purposes better than for patients, this location is not advocated. In addition is the problem of transportation of such supplies as coal, groceries, ice, etc., and returning

From a paper on "Distribution of Food in Hospitals as Related to Hospital Construction," read at the 1920 American Hospital Association Convention, Montreal, October 6.

garbage, ashes, etc. In favor of it, of course, is the fact that the odor from such a kitchen is less objectionable, but, after all, if a kitchen is properly ventilated, this nuisance can be reduced to a negligible quantity. In a small hospital, unquestionably the best location for the kitchen is on the first floor, as near to the center of activities as possible, in order that the travel of food may be reduced to a minimum. The separate building for the large institution is very desirable, provided it can be properly correlated.

Very little, if anything, can be said as to the size of the kitchen, this being dependent entirely upon the type of institution, the proportion of private to ward beds, etc. By all means this size should be developed from a very thorough knowledge of the service to be performed, bearing in mind that unnecessary space necessitates unnecessary labor. If at all possible the kitchen should be open on all three sides. The ventilation of a kitchen suite is rather difficult at times. The efficiency of hoods, ranges, stock pots, etc., is a mooted question, and unless such a hood is supplemented by exhaust fans, both in the stack and the hood, and in the openings in the kitchen proper, they are of very little value.

Too much attention cannot be paid to this question of ventilation, nor the question of light. Have the walls white tile if possible, not only for cleanliness, but for the sake of better lighting.

The type of floor is important from a housekeeping point of view. Red quarry tile makes an exceptionally good floor. It is expensive, but the necessity for providing a floor that can be easily cleaned, and one that will wear well, indicates a very careful consideration of such a floor, or a floor of similar type.

SPECIAL ROOMS

For hospitals of 100 beds or over unquestionably there should be furnished separate pastry rooms, sculleries, meat and vegetable rooms, and cold and dry storage. With large units additional rooms are indicated. The policy of having one room for the entire kitchen activity tends to confusion.

EQUIPMENT

By far more important than the actual equipment is its proper installation. A very efficient piece of equipment may lose its entire value if placed in the wrong relative position. The whole kitchen operation should be studied with an institutional performance in mind. Please do not take hotel installation as good examples to follow. The service required of a hotel kitchen is entirely different than that required of a hospital kitchen.

The installation of hoods over as much of the equipment as is possible is very desirable.

Too much emphasis cannot be placed on the installation of as many labor-saving devices as possible. These not only conserve labor, but they insure economy in the distribution of foodstuffs.

There should be a cook's refrigerator of sufficient size to take care of working supplies and left-overs. The type of cook's table to be installed is dependent entirely upon the character of service. Moderate sized steam tables are desirable at times. In any event, this type of table should

be of a construction simple and sanitary. Dependent upon the size and character of the institution, should be installed stock pots, cereal cookers, vegetable steamers, meat roasters, etc.

The range should preferably be a French top range with no shelves to collect dirt. The oven capacity should be large. In some types of service broilers should be located in the main kitchen; in other types in the diet kitchen.

The item of plumbing in the kitchen is a very important one. Care should be exercised to get sinks at the proper height from the floor.

The question of open shelves or closed cupboards is a matter of personal preference. In any event, these cupboards or shelves should be adequate in capacity and easy of access.

The elevator service should be given very careful consideration. It is highly undesirable that foodstuffs be handled on the regular passenger elevators. By all means install electric dumb waiters, if dumb waiters are indicated. Do not compel your personnel to labor with the hand-operated system. Dumb waiters, as usually installed, are not sufficiently large to accommodate food carts. If food cart service is to be used as a routine, care should be taken to see that elevator service adequate to take care of these carts is installed in duplicate order to insure a continuity of service.

It will be noted that no provision is made for steam tables. It may be possible to operate such a table with satisfactory results, but I have failed to see it done. In my opinion they are wasteful and are responsible for a larger percentage of the complaints against the dietary department than any one other agency.

DIET KITCHEN

The special diet kitchen should definitely be a part of the kitchen activity and should be so located as to permit of easy supervision on the part of the dietitian. The same comments pertain as in the main kitchen. It would also seem, in an institution in which a large number of infant feedings are required, that facilities be provided for a room which can be used for the preparation of special formulas.

WARD SERVING ROOM

The ward serving room is a very important unit in the dietary service, and should be given very careful consideration in planning. Its location should be near the center of the unit that it serves, in order to reduce to a minimum the amount of effort necessary to serve trays. It should be planned so that the elevator service should either come directly into this room or be very closely adjacent thereto. Its flooring should be of a type that is easily kept clean and is non-absorbent. A fair size for a room of this character would be ten square feet per patient to be served, with a minimum of 150 feet floor space. The necessary equipment in such a room should include a refrigerator, a dish sterilizer for contaminated dishes, dish warmer, toaster, sink (double sink advocated), garbage receptacle, towel racks, cupboards, a tray rack of sufficient capacity to hold all the trays to be served on the unit, and a large work table with drawers.

SERVICE TO PERSONNEL

The feeding of hospital personnel is an exceedingly difficult problem, and one that requires very close study. In

all events, the dining and serving room should be located away from that part of the hospital containing patients, and should be varied in size and character, in order to serve the various classes of hospital attaches. As a minimum outline of the types of dining rooms, the following is submitted:

Officers.
Interns.
Nurses.
Special nurses.
Office attaches.
Orderlies.
Domestic employes.

CAFETERIA SERVICE ECONOMICAL

A great many institutions have adopted cafeteria method of service. While it is true that it is economical, and offers some very definite advantages over maid service, it is questionable if it is a desirable service. The hospital dining room is one of the few places of relaxation for the personnel of the institution. Most of these people have no other home than the hospital, and certainly standing in line for three meals a day, 365 days a year. has not the tendency of creating the home-like atmosphere that is desirable in a hospital. In any event, the location and equipment of serving rooms is dependent primarily upon the type of service that is to be rendered. If cafeteria service, then the arrangement of commercial cafeterias lends itself admirably, bearing in mind, however, that there will have to be at least two and probably three different serving rooms to take care of the various classes of attaches. It is extremely undesirable, in fact. almost impossible, from an administrative standpoint, to have all groups supplied from one serving room.

Food may be conveyed to patients by several methods:

- 1. Heated food carts, heated by hot water jackets or by electrical elements. This method is in very common usage. Such a cart has some very definite advantages, but it has one distinct disadvantage, i. e., unless the food is handled very promptly, the injection of this additional heat has a tendency to change the character of food by cooking it over and above the palatable state, in transit. This equipment does not, however, provide for the handling of cold foods, such as salads, desserts, etc.
- 2. A new device on the market is a food cart constructed on the principle of the fireless cooker or vacuum bottle. The most perishable of foodstuffs placed in this cart will retain its character and heat for several hours. Mashed potatoes can be kept for eight hours, without changing their palatability or temperature in the least respect. This equipment, from personal experience, is submitted as the most efficient method of transporting foodstuffs.

In conclusion, there is one primary thought that it is desired to convey. The best of raw material improperly prepared and improperly served, is rank extravagance. The great trouble with hospital dietaries is that foodstuffs are primarily prepared with facilities that have not been planned for the service, and as a consequence the food is handled so many times that it is bound to be cold when served. In the planning of a hospital building do not overlook the importance of the dietary department. Study it just as carefully as one would study the location and equipment of the operating room suite, and the results obtained will more than justify the efforts expended.

Hospital Helpers Prove Their Value

Mt. Sinai Hospital, Cleveland, Employs Nurses' Assistants with Success in All Parts of the Institution

By Claribel A. Wheeler, Superintendent of Nurses, Mt. Sinai Hospital, Cleveland, O.

The subject of hospital helpers is by no means a new one, as women rendering the service now designated by this title have been employed in several hospitals for many years. This type of worker has, however, not been definitely recognized, nor has her economic value been fully appreciated. Recently we have heard considerable about the ward attendant, the ward assistant or the hospital helper. The last name is perhaps the most appropriate, as the duties of this group are not confined to hospital wards, but are employed in all parts of the hospital. In the hospital with which I am connected we have employed such assistants for several years with more or less suc-

The growing need for the hospital helpers is obvious: the increased number of hospital beds paralleled by the increased demand for nursing service, and the recent dearth in the number of applicants entering schools of nursing have made it necessary to look to some other class of worker to assist in giving the sick adequate service. It is, perhaps, a good thing that this situation has arisen in order to bring to the attention of hospital authorities the fact that certain things, which never should have been delegated to student nurses, who are in hospitals to study the science of nursing, and not to perform tasks of no value to their training, can be done just as well by women who are not so highly skilled.

Various measures have been sought to remedy this situation, one of the most notable being the plan for training and registering attendants, a class of women to care for the sick. Laws governing such a practice have already been passed in New York State. Whether a second class nurse is needed is a debatable question. It seems hardly wise or expedient to delegate bedside nursing to those who are not properly fitted by education and training to carry out the technical procedures now considered essential. Other ways, such as the development of a more extensively paid visiting nurse service, and the establishment of an hourly nursing service by private duty nurses. seem more worthy of consideration. Certainly, in hospitals the attendant is not the person whom we are seeking; the helper does seem to meet the situation fairly well.

NOT A WARD MAID

The distinction between hospital helpers and ward maids is not clear in the minds of some people. When we look at the type of ward maids found in the majority of our hospitals today the difference is easily detected. Surely, this woman who scrubs floors and cleans hoppers cannot come into any very intimate contact with sick people; she is usually Italian, Polish or colored, and she often speaks very little English. In most of our hospitals the ward maid is under the jurisdiction of the housekeeper instead of the nursing department. The hospital helper, on the other hand, must necessarily be a woman of better type; she must speak English and present a good personal appearance. She is an adjunct to the nursing service which is a distinct advantage, as her tasks are much more intimately connected with nursing than are those of the ward maid.

The work which can be delegated to hospital helpers is not to be confused in any way with nursing; the tasks performed by them, it is true, have heretofore been done by nurses, but they are not nursing procedures. They are the things which have warped and narrowed the training of the student nurse by their ceaseless repetition, and have prevented her from receiving more important things, as well as having been instrumental in prolonging her hours of duty. It is true that student nurses should learn to clean paint, marble and brass; that they be taught how to serve trays, arrange and care for flowers and make beds; it is not necessary, however, that they repeat these things throughout three years.

Hospital helpers may be taught in the wards to dust beds, stands and window sills, to clean utility rooms, to make empty beds, to disinfect beds, to put in order private rooms after patients have gone home, to arrange flowers, to fold and put away linen, to assist the nurses in serving and carrying trays, to run errands for the ward. They are useful in the nursery. In the operating room they can be taught to clean instruments, to wash and mend gloves, and a hundred such details too numerous to mention. The admitting room has a place for the helper also, as here she can be taught to assist in the admission of new patients, giving baths, etc. She may become a useful assistant in the out-patients' department. In fact, there seems no place in the hospital where nurses are employed that these helpers cannot be used to advantage.

THREE TYPES OF HELPERS

Conceded that the helper is an essential individual in the present day hospital, the question is, Where are we going to find her? How are we going to retain her when once captured? From personal experience the helper may be found representing three rather distinct classes. The most common and the most dependable are young women from 18 to 30 years of age, who have a real desire to be associated with sick people, but who do not possess educational qualifications for entering training. If this group can be sufficiently impressed with the fact that they are rendering a much needed service, and are really instruments in caring for the sick, they may be satisfied to remain for a considerable period of time in the hospital. The second class is composed of high school girls desirous of earning something during the summer vacation. Many in this way become interested in nursing and decide to take the nursing course. We have had several who have in this way become interested in our school. The last group are women who perhaps do not have to work for a living, but have taken the Red Cross courses in hygiene and home nursing, and are willing to come into the hospital in time of an emergency or epidemic, or even for the summer to relieve for vacations.

In most hospitals, as in our own, I believe, the helpers are taught by the head nurses. It would seem feasible and advantageous to instruct them in the principles of hygiene, and the art of cleaning, folding linen, care of flowers, etc., and to demonstrate to them the procedures required of

A distinct uniform for the helpers is, of course, necessary, but it is a question whether they should be supplied by the hospital or provided by the helper. A plain wash

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Rockefeller Foundation Helps Library

Gift Makes Possible Collection of Plans and Data on Hospitals; Retiring President's Report Predicts A. H. A. Council

By Joseph B. Howland, M. D., Superintendent Peter Bent Brigham Hospital, Boston, Mass., Retiring President American Hospital Association

A vote of the trustees this year whereby the Ohio Hospital Association was accepted as a geographical section of the association seems to me to mark a most important step forward, in fact, so important as to warrant calling it the beginning of a new era in our history. There is no doubt in my mind but that the acceptance of the Ohio Hospital Association but marks the beginning of a series of similar affiliations and that this coming year will see the formation of several new geographical sections. I am confident this will continue until every state in the Union and every province in Canada will be similarly represented.

It seems to me that the association can grow but little more before we shall have to accept the only one of the suggestions of the committee of 1908 not already in effect, viz.: the formation of a council or house of delegates. Even now there are doubtless present many members who come to listen to papers on hospital problems and to take part in the discussion of them and who would be glad if business matters could be discussed at a separate session by their appointed representatives.

The gift of the Rockefeller Foundation of a substantial sum of money toward the support of a reference library of hospital literature and for the collection of hospital plans and specifications is a very important occurrence. This will be under the direction of a board of trustees appointed by the American Conference on Hospital Service, of which this association is a member. It will be the duty of every one of us to support the library by contributions of plans, specifications, and costs of our new buildings. Our thanks are due to the Rockefeller Foundation for making this possible.

Last October a full time executive secretary was appointed. We were fortunate in securing for this important office one who had the previous year been your president and who was familiar with the affairs of the association. That he has given a good account of himself you need no assurance from me. The reference library which I have spoken of is located in the same building with your association headquarters, and it is to be hoped that the frequent use of both will be made.

PROPOSES BUREAU OF SUPPLIES

A service bureau on dispensary and community relations has been established. A committee of the trustees has under consideration recommendations as to the formation of a bureau on hospital planning. It seems to me the establishment of still another bureau should have serious consideration. I refer to a Bureau of Hospital Standards and Supplies, somewhat similar to the New York bureau, of which some of you are members. If we had a bureau to which we could turn for advice on this subject it would prove to be of the greatest assistance to us. Some bulletins have been issued during the past year by the executive secretary containing information of value as to standards and of opportunities to purchase surplus government supplies, but it is too much to expect that the secretary can do much along this line without the assistance of some one devoting himself constantly to this line of work. It may well be that all we would ask of such a bureau could not be provided from the present income of the association, but a small fee from a large number of members would allow the secretary to obtain the services of an expert purchasing agent and necessary clerical assistance.

Much effort is being made to improve the standards of many phases of hospital work. Your trustees have endorsed the efforts of the American College of Surgeons in their campaign in this direction.

It has seemed to me for some time that one thing which is of great importance to medical progress has been too often neglected-that is, the necessity of obtaining a larger number of autopsies. It is well within the province of hospital executives to take a hand in this matter and it is certain that if sustained efforts are made by all of us to influence the public to see the advantages to them now and in the future, in permitting post-mortem examinations in all our fatal cases, we can do a great service to medical science. Many of our small hospitals do not, of course, have resident pathologists, but those who believe in the good to come from checking up the clinical work of their hospital with the actual anatomical findings in all fatal cases will find means of obtaining the services of a competent pathologist. The present percentage of autopsies in hospitals is a most variable one, and usually reflects exactly the amount of effort made to obtain them. At the Peter Bent Brigham Hospital it has varied from 41 to 51 per cent in past years. At present the percentage of autopsies for this year to September 1st is 56 per cent. NURSING AND ADMINISTRATION

The shortage of nurses, which most hospitals have experienced, is uppermost in our minds. Today we face in the lack of pupils and graduate nurses one of the most serious problems hospitals of this continent have had to face. It is not wholly a new subject, for twelve years ago Miss Nutting, who read a paper before this association, spoke of the lack of applicants for admission to some training schools as a matter "not only of present discomfort and distress, but of grave import." Somehow we have gone on during those twelve years, and we shall continue to do so. We know that there is not alone a shortage of nurses at the present time—it applies to almost every other profession and field.

Last February the Rockefeller Foundation called a conference of educators, hospital trustees, superintendents, and superintendents of nurses from all parts of the United States and Canada to consider the problem of the education of nurses which is closely linked with the shortage of women entering this field, and as a result appointed a committee to consider the subject and report recommendations.

The Rockefeller Foundation has shown its interest in the subject of training hospital administrators, and at their invitation a conference on the subject was held last February. It was a most interesting conference, followed by the appointment of a committee to report their recommendations. As both this committee and the one appointed to consider the nursing situation are thoroughly representative of our hospitals we may look forward with confidence to the expectation that their reports will aid us.

From the President's report read at the twenty-second annual convenof the American Hospital Association, Montreal, October 5, 1920.

Adapt Business Ideas to Hospitals

Superintendent Urges Use of Charts and Other Methods of Industrial Executives; Course of Reading Suggested.

By Harold W. Hersey, M. D., Superintendent New Haven Hospital, New Haven, Conn.

During the past five or six years business activities of all kinds have been conducted under abnormal conditions. Briefly, these conditions include inflated wages, unsettled labor conditions, scarcity of manufactured products, uncertainty in their delivery, readjustments in social conditions and a continuous shrinkage in the value of the dollar.

The hospital administrator has had his full share of these difficulties. Indeed, with the less favorable financial conditions under which he "carries on" his burden has at times been extreme. There is an old saying that "misery loves company," and while the position of executive is usually of one's own choosing and should in nowise be likened unto a bed of thorns, the deduction is, that in difficult times one should consult with his confreres and profit by their experience. How many of the various business executives may be considered as confreres and how much we may profit by their observations, is one of the purposes of this paper to discuss.

Primarily, the object of all hospitals is to render to those incapacitated by illness or injury, a highly specialized type of service. Economically, the purpose of the hospital is to restore to the community an individual as nearly physically sound as possible, in the shortest period. It is the thoroughness of this restoration, in consideration of the time expended, which denotes the degree of efficiency of the hospital.

Efficient hospital service requires of the executive broad knowledge and deep understanding of both medicine and business. The officer must be a planner and an organizer. He must possess a working knowledge of mechanical and electrical engineering, heating, lighting and refrigeration. He should be a thorough accountant, a careful and conscientious buyer, a systematic storekeeper and have a thorough knowledge of modern laundry, kitcheft and house management. But above all, he must deliver from his organization medical and surgical service of a high order, conforming in every way with accepted standards.

Let us first turn our attention to the medical and surgical organization. Medicine itself has made rapid progress and the ideas of today are not the ideas of yesterday. Medical and surgical technique have improved, specialties have developed, diagnostic and therapeutic measures have advanced, preventive medicine and public health have become established.

In the field of nursing and the training of nurses a large problem has arisen, for modern medicine requires more careful attention to nursing detail, while the long hours and menial tasks formerly expected of nurses no longer seem just. Coupled with the fact that other occupations and professions offer definite hours and congenial surroundings with early remuneration and in consequence fewer applicants are received by the training schools, the nursing problem is requiring the best efforts of both hospital executives and superintendents of nursing. We hear many solutions of the nursing problem and much discussion. In my judgment any re-adjustment tending to

From a paper "Keeping Up with Administrative Progress," lead at the 1920 American Hospital Association Conventon, Montreal, October 5.

lower the nursing standards will fail in accomplishment. In order to attract a desirable type of young women into the training schools we must offer something better than at present, be this less hours of duty, more congenial surroundings or a more highly specialized training. I believe that before many years a university degree for nurses will be available at many hospitals, through affiliation with universities.

Much has been written about hospital standardization, and it has been widely discussed. Much more should be written and greater discussion encouraged, for the medical organizations, although vastly improved, are in many instances a long way from perfect. It should be the duty of every hospital executive constantly to bring before his board the necessity of conforming with these minimum requirements and to relinquish his effort in nowise until the medical organization is so founded.

PERIOD FOR BUSINESS STUDY

So much for the medical and surgical organization. Let us now consider the business organization. Within the past decade it has been recognized that business is a science, and that its phenomenon could be explained by certain laws, just as the phenomenon of physics and chemistry could be explained by certain laws. The universities finally awoke to the fact that it was just as essential to graduate students well grounded in business principles, as it was to train young men in the fundamentals of Arts, Language, Law and Medicine.

In my judgment there is no better way to keep in touch with business progress than by securing some well recognized course in business administration and devoting a definite period weekly to its study. To obtain the best results, recognized authorities should be consulted, men broad in mind and purpose, associated with leading universities or institutions. There are many good courses on modern business. One of the best about which I know is that of Alexander Hamilton Institute. A few hours weekly, spent in its reading, cannot fail to stimulate any executive to a broader conception of business principles. There is another reason why the hospital executive should make every effort to keep in touch with business methods and outside business in particular. As the older men retire from the executive boards of the hospitals, the tendency is more and more, to replace them by young, energetic business men. In order to convince them that new steps in the hospital organization should be carried out, the hospital executive must present his facts in convincing hole-proof statements. He can only do this by a thorough knowledge of business principles.

Admitting, therefore, that a knowledge of outside business is absolutely essential, let us now proceed a step further and visit a large industrial plant. During the past few years I have been fortunate enough to visit several. The procedure in all well organized plants is much the same. One enters a clean, orderly corridor and immediately some one in attendance steps up and inquires in what way they may be of service. Telephonic communication is established with the executive you are to visit, and a messenger shows you to the office. After a brief state-

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"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round



DR. WILEY E. WOODBURY,
Director of Hahnemann Hospital, New York, Who Will Have the
Same Post at the New Fifth Avenue Hospital.

Dr. Woodbury was born at Port Huron, Mich., in 1881, and was graduated from the Detroit College of Medicine in 1906. After serving as house surgeon at Grace Hospital, Detroit, for about a year and a half, he became prison surgeon at Ionia. Mich., where he made plans for a special building for tubercular prisoners. These plans were copied elsewhere in this country, and also by the Glasgow, Scotland, Infirmary.

Later, Dr. Woodbury became assistant medical director at the State Hospital at Ionia, and also directed planning of buildings. In 1911 his work attracted the attention of the government, and as a member of the U. S. Public Health Service he was sent to Manila as superintendent of the Philippines General Hospital, which covers 13 acres. Besides planning new buildings for this institution, Dr. Woodbury supervised the construction of buildings for hospitals on other islands. He also lectured on hospital construction and administration at the government medical university, and was consulted by representatives of hospitals of Siam, Belgium, Australia and China.

After leaving Manila, Dr. Woodbury toured the world, studying hospitals, and took a course in hospital organization and construction under Dr. Ehrlich at the Schwabing Hospital, Frankfort, Germany. On his return to this country he became director of the Hahnemann Hospital, a position he has held continuously, except for war service. He was mustered out a lieutenant-colonel. Dr. Woodbury's ideas and plans are governing the construction of the Fifth Avenue Hospital building, which was described in detail in June Hospital Management.

Miss Elizabeth Williams of Johnstown, Pa., who was offered the superintendency of the Newark, O., City Hospital, declined the position in order to remain in Johnstown.

Miss Nancy Shaw has been appointed to the place. Miss Shaw has had a great deal of experience in administrative work at Bethesda Hospital, Zanesville, Ohio; Twin Falls (Idaho) Hospital; St. Mary's in Louisiana, and at Springfield, Mo.

Joseph Aaronson, M. D., has assumed his duties of superintendent of the Greenville (S. C.) City Hospital, a large addition to which recently was completed.

Miss May Kennedy, who, until recently, was superintendent of nurses at the Indianapolis City Hospital, headed the list of those who took the Illinois State Civil Service examination for chief of the Illinois State School of Psychiatric Nursing. Miss Kennedy was in service prior to going to the Indianapolis City in September, 1919.

Mrs. Laura Fell White, who recently returned from Chile, has acepted the position of superintendent of the Goshen, Ind., Hospital.

Mrs. Frances M. Montgomery, former superintendent of the Chick Springs Sanatorium, Chick Springs, S. C., has accepted an executive position with the University Sanatorium at Anderson.

Miss Ethel Butts, for seven years superintendent of Deaconess Hospital, Spokane, Wash., has tendered her resignation, and plans to enter foreign missionary work. Miss Butts was president of the Washington State Nurses' Association. Miss Caroline A. Jackson, assistant superintendent, succeeded her. Miss Jackson is a graduate of the New England Deaconess Hospital and served overseas for a year.

Dr. Edward J. Murray, formerly superintendent of the Bluegrass Sanatorium, Lexington, Ky., has been appointed superintendent of Hazelhurst Sanatorium, Louisville.

Miss Charlotte E. Dancy, widely known among hospital people of the intermountain country, has resigned as superintendent of nurses at the Dr. W. H. Groves L. D. S. Hospital, Salt Lake City. She held this position ten years. Miss Dancy is a graduate of Johns Hopkins Hospital, and had considerable experience at Battle Creek Sanitarium.

Dr. J. Rogers has been appointed superintendent and surgeon-in-chief of the Pottsville, Pa., Hospital.

Miss Sadie Larsen, formerly night superintendent of the Ford Hospital, has been named superintendent of the South Omaha, Neb., Hospital, which recently was reopened. Miss Annie Kline is Miss Larsen's assistant. The South Omaha Hospital was opened in 1903, but lack of funds forced it to close a year ago. The institution has a capacity of 30 beds.

Miss Laura Grant, former assistant director in state bureaus of nursing in New York and California, has been appointed superintendent of nurses at the Cleveland City Hospital. She is a graduate of Pasadena Hospital.

Dr. Frank C. Anderson, who has been assistant superintendent at the Ohio Sanatorium at Mt. Vernon, has succeeded Dr. Stephen A. Douglass as superintendent.

Dr. Louis Mark, superintendent and medical director of Rocky Glen Sanatorium, McConnelsville, Ohio, advises Hospital Management that the United States Public Health Service has contracted with Rocky Glen for a small number of beds, but that the institution is entirely under private control and ownership, and admits private cases when there is a vacancy. Through error it was reported that the government had taken over the sanatorium for the U. S. P. H. S., and that Dr. R. C. Kirkwood was acting medical director.

THE HOSPITAL ROUND TABLE

A CONTROL OF THE CONT

See the Salesmen

Color of the community of the state of

Dr. H. M. Pollock told the Section on Administration at the Montreal convention of the American Hospital Association that one of the ways in which he keeps abreast of the times is by seeing salesmen representing the various supply and equipment houses.

"I make it a point to see the salesmen," he said, "for they are posted on their individual lines and one can get a lot of valuable information in this way. I consider this the easiest and most effective method available for keeping advised regarding market conditions."

Favors Cafeteria Plan

Although a good many people at the Montreal convention, as evidenced by expressions at the Bacon round table, and at the meeting of the Section on Construction, do not favor the cafeteria method of serving meals, there were some staunch advocates of this plan.

Miss Mary E. Keith, superintendent of the Rochester General Hospital, told the hospital people that the pupil nurses in her institution favor the plan. It is a better system than any method of maid service that is available at present, she said, indicating that good maids are scarce and high.

Another proponent of cafeteria service is Dr. R. G. Brodrick, of the Alameda County Hospital at San Leandro, Cal., his big argument being that more rapid service gives employes more time to themselves.

Young Girls as Nurses

Sister St. Gabriel, of the Grey Nuns of Montreal, gave an interesting suggestion regarding the available material for hospital nursing when she said that young girls in the eighth, ninth and tenth grades are used in the Sisters' hospitals for bedside nursing, and that good girls properly trained make valuable workers in the hospital. She thought it a mistake to draw the lines too hard and fast.

When it is remembered that the ages of girls in the grades indicated by Sister Gabriel would be from fourteen to sixteent years, it is evident that she does not find youth a great barrier to service.

Separating the Costs

Hospital superintendents have contended rather generally that it is impossible to separate the cost of operating ward and private room beds. The per capita cost usually quoted, therefore, shows the average of all classes of beds. It is admitted that there is a difference, though some executives have believed that private room patients require less attention, as a rule, on account of the number of special nurses, than ward patients, and that this factor offsets the greater investment in equipment.

However, Frederick D. Greene, secretary of the United Hospital Fund of New York, insisted in a talk at the Montreal convention of the A. H. A. that it is perfectly feasible to separate the costs, and that it can be done in the same way a department store separates the costs of operating the various sections. All of the 55 hospitals in the Fund show the cost of operating ward beds and of

maintaining private rooms, and incidentally the cost for the latter is invariably the higher figure.

1 Calling of the Company of the Comp

Saving Steps Means Saving Labor

Dr. Arthur C. Bachmeyer, superintendent of the Cincinnati General Hospital, told hearers at the Montreal convention that the arrangement of kitchen equipment for the tuberculosis hospital connected with Cincinnati General reduced the number of kitchen workers necessary from six to three.

"We made four sets of plans," he explained, "and while they all contained the same equipment, the arrangement varied in each. By studying the actual number of steps required to get from one place of equipment to another, we were able to arrange the kitchen in a way that reduced the number of steps to a huge extent."

In many cases the lay-out can be made such that the cook can get what he wants by reaching, without actually taking an additional step, Dr. Bachmeyer said.

Helping the Hospital Staff

Hospitals have social service departments for their patients, but should this department not also be at the service of the employes of the hospital?

Miss Ida M. Cannon, director of the social service department of the Massachusetts General Hospital, Boston, and president of the American Association of Hospital Social Service Workers, thinks so, and in her talk at the Montreal convention she showed how the members of the hospital family can be helped in their personal affairs by the social service departments.

A hospital superintendent who was present emphasized her remarks by telling how his social service department had helped an intern to bring his wife to the same city, by obtaining employment for her there.

Protecting the Walls

Nothing displeases a hospital superintendent more than to see freshly painted walls marred by carelessness in bringing furniture sharply against the surface, either denting it or breaking the plaster.

Edward F. Stevens, the Boston architect, who specializes in hospital work, offers as a remedy for this trouble an extension or shoe, of the baseboard, which is made of terrazzo or some other material. The extension, which should be about three-quarter inches thick and project about three inches from the wall, will keep most articles away from the danger line, though, of course, wheeled stretchers and some other furniture project far enough beyond the wheel base to do the damage, anyway. However, the plan is worth using.

Had 161,251 Patient Days

The Herman Kiefer Hospital of Detroit for the fiscal year just ended cared for 5,124 persons. There were 161,251 patient days and the average number of beds occupied daily was 441. The increase in cost of maintenance was 19.5 per cent per patient.

The maternity hospital which was opened in September, 1919, cared for 374 women. Special courses in contagious disease work were given to 56 nurses from affiliated hospitals of the city and to 14 interns.

The cost of maintenance of the hospital was \$2.51 a patient each day, according to Dr. Henry E. Vaughan, commissioner of health.

Hospital Management

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Vol. X

OCTOBER, 1920

No. 4

Our Platform

- 1. Better service for patients.
- Hospital facilities for every citizen.
- Adequate training for hospital executives and 3. staffs.
- 4. Education of the public to its responsibility and duty toward hospitals.

Canada and the Canadians

DANIEL D. TEST, superintendent of the Pennsylvania Hospital of Philadelphia, one of the wheel-horses of the American Hospital Association, can always be depended upon to express the sentiment of the right-thinking hospital people of the country. At the Montreal convention he read a statement which emphasized the cordial good feeling existing between the United States and Canada, and agreed that the word "American" is too inclusive to be restricted in its meaning to citizens of the United States. Appreciation of Canada and Canadians is timely. Not only did the great war bring the peoples of the two countries into intimate contact, with their soldiers fighting shoulder to shoulder in France, but the strides which the Dominion is making along industrial and agricultural lines, and the prestige which her manufacturers and business men are winning in the markets of the world, have won the admiration and respect of the people on this side of

Montreal, representing Canadian hospitals, entertained

the American Hospital Association splendidly, and those who visited Canada for the first time were impressed accordingly. There can be no doubt that the visit was of value in showing what great things Canada has done in the hospital field, and on the other hand, in stimulating Canadians along hospital lines.

Putting the Cart Before the Horse

The papers and discussions at the Montreal convention were significant of the growing interest of hospitals in the public health field. In fact, such matters overshadowed consideration of the purely administrative problems of the hospitals, and gave the impression that the latter have been relegated to the rear as unimportant in this day of big things in the public health field.

HOSPITAL MANAGEMENT regards with sympathy the desire of those who would make the hospital the center of public health activities, an educational force in the community, a leader in preventive work, as well as in the cure of disease. Yet, it seems to us that there is a definite danger in laying too much emphasis on what, after all, is an extension of hospital activities, rather than an integral part of hospital work itself.

Hospitals were established to take care of the sick. That is fundamental. The prime work of the hospital is to organize to serve the sick and the injured, and to see that those who need organized medical service may have it. The first duty of the hospital superintendent, then, is to make the work done within the four walls of the hospital as good and as effective as it is humanly possible to do; in other words, to discharge the maximum percentage of cured patients in the shortest possible time.

Public health activities, especially along the lines of educational work, are important. The hospital is making a valuable contribution, through its training school, to the forces of public health, by supplying the nurses to whom so large a part of the task is assigned. But let us remember that while the public health field is broad and inviting, and while efforts along this line may be more spectacular at this moment than the every-day duties of the hospital, the main job is to take care of the sick, and that should not be lost sight of in considering other things.

The Approved List of Hospitals

Everybody agrees that the term "standardization" is not an ideal word to describe what is meant by the program of hospital improvement associated with the term: yet because it is familiar and its meaning is understood, it has a certain value.

The most significant step taken for a long while in this connection was the announcement by the American College of Surgeons of a list of 377 general hospitals of 100 beds or over which have met the requirements of the minimum standard, and are, therefore, approved. The list, which is published elsewhere in this issue, includes some of the most famous institutions in the country, besides a great many whose work has not been so well known, indicating that the acceptance of the idea of improving hospital methods has been widespread.

The work of giving the public better service in hospitals is one in which all, including medical men, nurses and the hospitals themselves, are keenly interested. The present program may have defects, and may not be ideal; but it is the best and most practicable working plan that has been devised. It is, therefore, a pleasure to record the con-

Digitized by

Hospital Convention Calendar

Alberta Hospital Association, Calgary, October 21-22, 1920.

American Dietetic Association, New York City, October 25-27, 1920.

Connecticut Hospital Association, New Haven, November 18, 1920.

Michigan Hospital Association, Grand Rapids, December 7-8, 1920.

American Sanatorium Association, Rochester, N. Y., December, 1920.

National Methodist Hospitals and Homes Association, Chicago, February 15-16, 1921.

Ohio Hospital Association, Toledo, May, 1921.

Oklahoma State Hospital Association, McAlester, May, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

American Medical Association, Boston, June, 1921.

National Tuberculosis Association, New York, June, 1921.

Mississippi Valley Conference on Tuberculosis, Cedar Point, Ohio, 1921.

Mississippi Valley Sanatorium Association, Cedar Point, Ohio, 1921.

American Medico-Psychological Association, Boston, 1921.

New Jersey Hospital Association, Atlantic City, 1921.

Georgia Hospital Association, Macon, 1921.

National League of Nursing Education, Kansas City, 1921.

American Nurses' Association, Seattle, 1922. National Organization for Public Health Nursing, Seattle, 1922.

crete achievement represented by publication of the list, which marks a real epoch in the history of American hospitals. They and the College are in line for congratulations upon the milestone that they have set up.

The Ideal Superintendent

Dr. Christopher G. Parnall, director of the University Hospital, Ann Arbor, Mich., started an interesting discussion at the Montreal convention regarding the source from which the hospitals should draw their superintendents. He laid down the proposition that the superintendent should be a man rather than a woman, and a medically trained man at that.

The discussion indicated that most of those present disagreed with Dr. Parnall, and that medical men who are serving as superintendents recognize the limitations of those of their own profession who are in executive positions, while at the same time appreciating the value of the services of non-medical superintendents. On the other hand, the work done by women, principally trained nurses, in hospital administration was paid a tribute, and even Dr. Parnall conceded that it is impossible to get better service and better brains anywhere at the salaries paid.

CORNELIUS S. LODER, the hospital consultant, who has had a part in the organization and management of many hospitals, won applause by suggesting that no one class or group can produce all of the efficient superintendents needed by the hospital field. His opinion seemed to be that of the majority—that the requirements are so broad and the positions to be filled so numerous that hospitals must draw from every possible source for skilled executives.

DR. WINFORD H. SMITH, superintendent of the Johns Hopkins Hospital, of Baltimore, former president of the association, made a significant statement, too, when he pointed out that the small hospital superintendent, usually a woman, has a bigger load to carry than the executive in the large institution, where departments are completely organized, since she must supervise departments, as well as maintain general direction of the work. Her success is, therefore, doubly praiseworthy.

The fact is that there is at present no formal training which per se fits a superintendent for his or her work. Medical training helps, executive training helps, experience helps most of all. Perhaps the Rockefeller Foundation will find a way to establish training facilities that will combine all of the requirements for the job, and thus will produce the ideal superintendent of the future.

Small Hospitals and Industrial Clinics

Those who listened to the paper of Dr. Wade Wright, of Harvard Medical School, on "Industrial Clinics in General Hospitals," at the Montreal convention, were hopeful of hearing a reference to perhaps the greatest problem connected with industrial medical service.

Dr. WRIGHT started with the premise that most general hospitals are in large industrial communities, thus segregating the problem to the institutions of large bed capacity in the big industrial centers. It is a fact, however, that industry is co-extensive with the country, just as general hospitals are, and that the small hospital in the small industrial community has a problem which is even more pressing than that which is to be noted in the big cities.

The large industry is developing its own medical service, and is not only handling surgical cases, but in many cases is studying industrial hygiene in the broader sense, eliminating health hazards, as well as accident hazards, and improving the basis for health and safety in its plant. Many of them have their own visiting nurses, who go into the homes of employes, and help to improve conditions there.

The small industry, however, with not more than 100 employes, usually does little along this line, because the requirements are too limited to justify full-time service of medical men and nurses. Yet, there may be an important industrial group in a community of relatively small size, which needs the leadership of the general hospital to put into concrete terms the medical service that it should have.

As Dr. Wade Wright pointed out, the general hospital is usually an industrial clinic, for the reason that many of its cases emanate from the industrial population. If the service to industry can be specialized, to the extent indicated by the establishment of a separate department handling industrial cases and studying them with reference to the industrial background, not only will industry be better served, but the hospital will be able to do better work and to render a permanent contribution to improved conditions for industrial workers.

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Medical Service of the Gillette Company

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Plant Hospital Has Very Low Daily Average of Cases, Due to Precautions Taken Against Accidents

About 2,000 persons are employed by the Gillette Safety Razor Company in its plant at Boston, six buildings being devoted to manufacturing the company's products. Owing to the precautions to guard against accident and injury, the plant dispensary is called on to treat only from 15 to 25 cases a day. This is a low average, considering the number of employes, and the great majority of treatments are for minor cuts received in handling the blades.

The Gillette plant hospital consists of two rooms, one equipped with sterilizers, cabinets and first aid devices and supplies, and the other with beds where the patients may rest after treatment. A graduate nurse is in charge of each room and a physician is always available.

Careful and complete records of all cases treated are kept, including causes and nature of injuries, name, age and other personal data of injured employe, department in which the injury was incurred, etc. Another record shows the amount of time lost.

The chief nurse regularly visits all factory departments

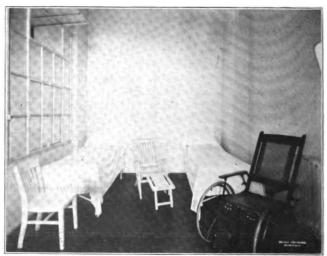
and makes frequent suggestions and recommendations regarding safeguarding the health of the workers. The hospital personnel also makes a complete investigation of each accident, seeking to determine its cause and to take steps to prevent its recurrence. Frequently, accidents form the basis for requests for the installation of additional safety equipment, and to the great variety and number of these protective devices is attributed the unusually low average of accidents at the plant.

Every manner of safety device is installed on the various machines, thus reducing to a minimum accidents and lost time.

In addition to the precautions for the prevention of accidents and for the treatment of emergency cases, the Gillette company devotes a great deal of attention to health conservation. Bubbling drinking fountains are located in all departments, and scientific ventilation is provided by the most modern air conditioning equipment, which assures at all times an abundant supply of pure air.

Another feature of the welfare work of the company is two weeks' vacation with full pay. Attendance is encouraged by a weekly bonus system.





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By Charles H. Lemon, M. D., Chief Surgeon, The Milwaukee Electric Railway & Light Company, Milwaukee, Wis.

The Milwaukee Electric Railway & Light Company and its Employes' Mutual Benefit Association furnishes to the employe, his wife and his dependents under eighteen years of age, everything that he needs in a medical way, excepting the services of specialists in medicine, such has skin specialists, eye and ear specialists, etc. We confine his wife and we take care of the baby. If she needs a surgical operation, we remove her to the hospital and operate on her. The only charge to be met is the hospital service, which the employe must pay for himself.

We do not furnish medicines to the wives or dependents under eighteen years of age. We do furnish medicines to the employe who is a member of the Employes' Mutual Benefit Association. We furnish the medicines to the employe because we are anxious to keep him on the jcb. and because we know that where preventive measures are taken in a beginning illness, that in a large percentage of the cases the illness or disease will be promptly arrested.

DOCTORS AT CAR STATIONS

In order that these services shall be rendered to the fullest extent, and with the least possible loss of working time to the the members, we place a doctor at some convenient hour in each one of our car stations, our car shops and our central office building, where they may be freely consulted. At the chief surgeon's office in the central office building, we have laboratories, X-ray and chemical, where examinations of special character can be made. The doctors forming our personnel have been selected because of special evidence along definite lines, and to Ithem are referred cases in which their training makes them experts. All doubtful cases that can do so are sent to the central office building for consultation.

The city of Milwaukee is divided into districts, and each district has its own medical man. Outside the city of Milwaukee, where the company has large activities, we again adopt the direct system, and in remote places the member selects his own physician, pays his bill, presents it to the Mutual Benefit Association and he is reimbursed for the expenditures. We do not pay hospital fees. Experience has shown that working people frequently are extravagant in the selection of accommodations in hospitals. I have been amazed frequently in my private experience, as well as in my relation as chief surgeon and medical director, to note the lack of common sense shown by people when selecting accommodations at our first class hospitals. The only way that a corporation could offer hospital service to its employes is for the corporation to run the hospital and assign to the employe quarters which in the opinion of the attending surgeon are ample and proper for the service to be performed.

The medical and surgical service rendered is comprehensive. Acute as well as chronic ailments are treated to the fullest extent, whether medical or surgical. For this service no charge whatever is made, and so far as

the surgical service is concerned, it is not furnished by

the Mutual Benefit Association, but is furnished by the company itself.

The wife of an employe, who may have suffered injury at the time of her confinement, is restored to health by appropriate surgery. The baby that is born is cared for by our visiting nurses, and everything pertaining to its welfare is taught to the young mother. If need be it is circumcised; later on its tonsils and adenoids are removed, and the many and perplexing diseases of childhood are cared for by our medical service. When the child becomes eighteen years of age we render no further services.

The many accidents that befall children and require surgical attention are cared for by our medical service up to the age of eighteen. Our X-ray laboratories and our surgical service are available at all times. We have visiting nurses who are graduates of reputable hospitals, who go from house to house as they are invited. We have a trained surgical nurse in our central office building, where we have a well equipped operating room, which is available for the treatment of minor surgical emergencies.

The employe injured off duty is likewise covered by all these facilities, for which no charge whatever is made. We do not go into the homes of our members unless we are invited to. We propose and offer to them nothing but the best medical and surgical service we are able to procure in our community, and if a study were made of our annual report, it would be seen that practically every known operation is performed in the course of a year on this large clientele, which, including the members and its dependents, numbers 12,000 souls.

SERVICE IS PREVENTIVE

The medical service thus rendered is not only curative in its nature, but in the higher sense preventive, and many ills that befall those who cannot avail themselves of such a service and that incapacitate them for service, are in a large measure prevented in our own groups by this intensive service. The man is kept on the job. Our statistics show a consistent reduction year by year of the average disabiltiy of nine days per man per year lost time, to a little over four days per man per year, notwithstanding various epidemics that in recent years have resulted in such great morbidity.

By improving the general health through this medical service, we keep the man contented with his work; his family life is very greatly improved; his average expense for medical service is reduced to the minimum and his efficiency is so greatly improved that he may be in his daily work compared with the well-trained soldier, whose hygenic life and welfare from the moment of his enlistment, is equally safeguarded, by the well-trained medical service provided by his government.

Open Industrial Hospitals

The Andrew Steel Company and the Newport Rolling Mills, both of Newport, Ky., recently have opened indus-Digitized by GOOSIC trial hospitals.

From a paper, "Medical Service in Public Utilities," read at the tional Safety Congress, Milwaukee, September 27-October 1, 1920.



Will you have to carry your loved ones through a burning building before you will Act?

He did a real job, then, of investigating

H^E flung them from him as if they had been pigmies. His was the strength of love—that greatest love that a strong man feels for but one person—his mother.

In that burning hospital lay a sweet-faced old woman. And he was going to her—in spite of all, he was going!

Through smoke and flames he fought his choking way until at last he found her helpless there on her bed. How he managed to carry her out through that inferno, he never knew; for when it was all over he realized only the anger that had gripped him as he staggered out with his precious mother, leaving behind those who had called to him in vain.

And the more he thought, the greater was his anger.

Gone from his mind were all the impressions he had had of this wonderful hospital when he had consigned his mother to its care—its famous surgeons—its modern equipment—its deft, clear-thinking nurses.

"Who builds hospitals with fire-traps in their basements and attics? Who camouflages them with a few tiled rooms and safe-looking walls of brick and stone carrying fire escapes?"

With the energy that had brought him success in his every undertaking, he investigated. For a time fire protection was his hobby. And he learned the truth—the greatest truth in fire protection. With a Grinnell Automatic Sprinkler System in a building any fire that starts will at once put itself out through the agency of its own heat. He found that no matter when or where a fire starts, the water from the Sprinkler overhead will start, too—that, day and night, their faithful mechanical firemen will watch and work as no human can.

Read—"Fire Tragedies and Their Remedy"

You can find out just what he found if you will send to us for the booklet, "Fire Tragedies and Their Remedy." It points out why schools and hospitals are called safe even though they burn and burn and burn. When you have read it you will want to do what this man did. See to it that the hospitals and schools of your city are made safe by automatic sprinklers. Address Grinnell Co., Inc., 281 West Exchange Street, Providence, R. I.

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COMPANY

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Complete Engineering and Construction Service on Automatic Sprinklers.

Industrial Piping, Heating and Power Equipments. Fittings, Pipe, Valves.

GRINNELL AUTOMATIC SPRINKLER SYSTEM - When the fire starts, the water starts.

Industrial Physicians Meet Instruction Is Important

A. A. I. P. & S. Holds Joint Session with Health Section of National Safety Council

About 200 industrial physicians and others interested in industrial medical and welfare work attended the joint sessions of the American Association of Industrial Physicians and Surgeons and the Health Section of the National Safety Council at the ninth annual safety congress at Milwaukee, September 29. Papers and discussion on many phases of industrial medicine took up the program and the gathering was both interesting and profitable to all who attended.

Among the speakers were Dr. O. P. Geier, president of the A. A. I. P. & S.; Dr. William O'Neill Sherman, chief surgeon Carnegie Steel Company, Pittsburgh; Dr. W. A. Sawyer, medical director Eastman Kodak Company, Rochester, and Dr. A. W. Colcord, medical director Carnegie Steel Company, Clairton, Pa.

Reclassification and rehabilitation of injured employes was given emphasis during the meeting, and in the discussions many experiences were related by industrial physicians.

An important idea brought out in the health service sessions was that the solution of the universal unrest manifested by labor, the low production problem, the bringing about of a better understanding between capital and labor all lie primarily in the plant physician. This idea was expressed in an address by Dr. Geier.

"If we but stop for a moment to consider the worldwide attitude of the laity towards the physicians in general," said Dr. Geier, "and particularly how he is accepted by the industrial worker, not only as a medical adviser, but as friend and counsellor, doctor, priest, confessor, we may at a glance perceive how industry, in bringing this new personality into close contact with its workers, provides a point of sympathy and understanding which can be supplied so readily by no one of any other class, be he a highly trained employment manager, social or welfare worker, or what-not. When industry accepts this noncontrovertible fact that in the physician and his old-time relations with the patient it has a new and definite asset, then progress in building up personal service departments will be made more quickly. The thousands upon thousands of contacts that are made each year with the men through the medical and service departments give the employes an appreciation of the purposes and difficulties of management, and on the other hand, give the management an insight into the personal problems that confront the men."

Dr. A. W. Colcord was elected chairman of the Health Section of the Council, succeeding Dr. W. Irving Clark, Jr., medical director, Norton Company, Worcester, Mass., and Dr. W. A. Sawyer was named vice chairman.

Industrial Nurses Elect

At the meeting of the Chicago Iudustrial Nurses' Club, held September 1, the following officers were elected:

President-Eliza Lockwood, Alfred Decker & Cohn.

Vice-President—Elza Chubbic, R. N., Sears, Roebuck & Co. Recording Secretary—Jennie Mae Kelley, R. N., Ed. V. Price & Co.

Corresponding Secretary—Gertrude Jaeger, R. N., Swift & Co.

Treasurer-Katherine Larson, R. N., Commonwealth Edison Company.

Registrar-Mae Middleton, R. N., Sears, Roebuck & Co.

Foremen Should Tell New Employes of Risks of the Job, Says Lumber Company Physician

By J. M. Lemons, M. D., Arkansas Short Leaf Lumber Company

[EDITOR'S NOTE—The following suggestions for first aid treatment appeared in a recent issue of the Log of Long-Bell, the employes' magazine of the Long-Bell Lumber Company, Kansas City, Mo.]

Injuries from accidents are due largely to carelessness on the part of someone.

One of the most important things we need in the prevention of injuries is the instruction of our men. When a foreman gets a new man on any job—be he a sawyer or the man who drives Old Beck, the mule—he should tell this man the dangers there are in the sawyer's rig or in the kick of Old Beck.

Regarding first aid treatment: The first aid box or kit should contain only gauze bandages, say one and one-half or two-inch bandages, and antiseptic solutions. I use Eupinol as an antiseptic. It is made from the needles of long leaf pine.

Apply bandages to the injury, pouring some of the antiseptic solution on the injured parts, and then send the patient to the doctor's office at once.

If it should be a bad injury, with much hemorrhage, stop the hemorrhage by applying a cord, until you can take the injured man to the doctor's office. In most all cases of bad injuries, by having a stretcher at hand you can place the patient on the stretcher and take him to the doctor's office before you can get word to the doctor.

Quick service is what we want in these cases.

But as was mentioned in the first place: Let the foreman warn the man of the dangers in his job, warning him to be careful himself and to do nothing that will cause his fellow-workman to be injured.

Organize Industrial Clinic

The consolidation of one of the oldest dispensaries in New York with one of the most modern clinics in the city was announced recently by Dr. W. Gilman Thompson, president of the Board of Directors of the Clinic for Functional Education. Dr. Thompson's clinic, established in 1917 to care for the disabled wounded in the World War, has amalgamated with the Demilt Dispensary, No. 245 East 23d street, founded more than seventy years ago. The two institutions will hereafter be known as the Industrial Clinic, and will occupy the building of the Clinic for Functional Education in Stuyvesant Square. Only industrial cases will be treated. Patients, permanently disabled by their injuries, will be instructed in new vocations, and the clinic will place them in positions where they can earn a living and not be a burden on their families or upon society.

Industrial Service Course

Beginning November I there will be offered at the College of Business Administration of Boston University a course in industrial service for nurses, under the direction of Mrs. William E. McNamara, who has been in charge of similar courses at the college during the past three years. In addition to lectures by the director, Mrs. McNamara, and by members of the economics department of the college, there will be lectures, as in past years, by representatives of various state departments, such as labor and industries, the industrial accident board, health, the employers' liability assurance corporation, and the board of health of the City of Boston, and by the service directors and factory physicians of some of the largest industrial organizations of New England.



The frequent and generous use of Colgate's Talc is often surprisingly conducive to the comfort of the bedridden.

Its cooling and soothing action renders it especially serviceable in the case of restless or fretful patients.

COLCATE'S TALC POWDER

When sprinkled bountifully over both the body and bed-linen of a febrile patient, it tends to palliate the weariness that makes "each dragging hour seem a wakeful eternity."

It is in the sick-room that the superiority of Colgate's Talc so often becomes a matter of comment.



Samples to physicians and nurses on request.

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199 Fulton St., New York, N. Y.



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Ideal Location for A. H. A. Exhibits

Corridors from Convention Hall to Association Headquarters Set Aside for Manufacturers and Dealers to Display Goods

The commercial exhibits displayed at the Montreal convention included those of many well-known concerns dealing with the hospitals, and they received their just share of attention from the hundreds of visitors. The space allotted to the exhibits was so located, in fact, as to render this a certainty. It extended along the corridors from the main convention hall to the room which served as head-quarters for the association business offices during the meeting and a smaller meeting room, so that those attending the meetings or visiting the secretary's office passed the displays.

All were well arranged, with a view to demonstrating the scientific and educational value of the material shown, and were in charge of experts in their several lines, well qualified to explain to visitors the purpose and value of their goods. It is safe to say, therefore, that the exhibits were, as usual, by no means the least valuable and instructive part of the convention. The following notes will indicate briefly the concerns exhibiting, including several which arranged for space at a late date, and the goods which they showed:

Abbott Laboratories, Chicago—S. C. Lombard, Montreal representative of this well-known house, was in charge of a complete display of Abbott products. The famous line of Dakin antiseptics, made by the Laboratories, were featured, including dichloramine-T, chlorcosane and chlorazene, as well as the new chlorazene soap being put out.

American Laundry Machinery Company, Cincinnati and Toronto—This company's display consisted of a demonstration of the Tahara silver polishing machine, whose usefulness in burnishing surgical instruments gives it an added value to hospitals. F. A. Gaul, president of the Canadian Laundry Machinery Co., Ltd., which handles the company's Canadian business, was in charge, assisted by M. Relecom, Montreal; S. G. Dabner, Toronto; C. W. McCarty, New York; J. E. Johnson and Mr. Parkhill.

American Manikin Co., New York—H. Buchman, head of the company, showed his metal anatomical manikin, which is attaining wide use in training schools and elsewhere.

American Sterilizer Co., Erie, Pa.—A new "fool-proof" electric instrument sterilizer was one of the most interesting features of this exhibit. A device which shuts off the current automatically when the water boils down to a certain point does the work. J. E. Hall, president of the company, was in charge, assisted by Mr. Hargraves, of the Stevens Co., Toronto, the company's Canadian representative.

Applegate Chemical Co., Chicago—The Applegate linen marker had an excellent strategic location, as it was between the doors entering the main convention hall, and Mr. Applegate took full advantage of the fact.

H. W. Baker Linen Co., New York—L. C. Walker, who never misses a convention, showed the Baker line of linens to his numerous hospital friends. He was accompanied by Mrs. Walker.

W. A. Baum Co., New York—The "Baumanometer" blood-pressure machine was demonstrated to interested visitors by C. C. Brashear and M. B. Hannafin.

Becton, Dickinson & Co., Rutherford. N. J.—W. L. Chapman was, as usual, in charge of the display of "Ace" bandages, "Yale" needles, Luer syringes and "B-D" ther-

mometers, assisted by Oscar Schwidetsky. The B-D display was located at the head of the main stairway to the convention floor, and was difficult to overlook.

Frank S. Betz Co., Hammond, Ind.—The Betz display of hospital and surgical instruments, furniture and supplies, occupied an unusually large space, well located, and received much attention. E. D. Hood, manager of the surgical supply department, was in charge, assisted by Harry Beyer, E. R. Conroy and J. C. Teagarden.

Burdick Cabinet Co., Milton, Wis.—The Burdick line of electro-therapeutic appliances, including the "Radio-Vitant" deep-therapy lamp, the actinic ray air-cooled lamp and electric bakers, was shown to many visitors.

Caledonia Springs Co., Ltd., Montreal—This concern served visitors with bottled mineral waters.

Campbell Electric Co., Lynn, Mass.—Ralph C. Barton, in charge of the Campbell room, recorded the names of many leading hospital people to whom he demonstrated the company's new self-contained X-ray unit, with fluoroscopic screen holder and Cassett holder, and the Campbell portable and bedside units.

Wilmot Castle Co., Rochester—W. B. Underwood, in charge of the Castle display of sterilizers, assisted by R. Niebling, found visitors especially interested in the bedpan cleanser and sterilizer shown. A sterilizer unit with stand finished in black also attracted favorable attention.

Coast Products Co., St. Louis—The "Califo" line of canned fruits and vegetables was handled by J. H. Damron and A. W. Boysen, with Mrs. Damron assisting, and they took care of a constant procession of visitors who desired to sample the goods.

Chandler & Fisher—This concern exhibited the new obstetrical bed designed by Dr. Malcolm T. MacEachern, head of the Vancouver General Hospital. The bed, which has many new features of high value, will be manufactured and marketed by Chandler & Fisher. R. B. Leders was in charge.

Creamery Products Co., Quincy, III.—A powdered buttermilk, from which a drink equal to the fresh product can be made, and which is as useful in the hospital dietary as for use as a carrier for barium in X-ray work, was shown by this company, Sales Manager I. R. Garretson being in charge.

Crescent Dish Washing Machine Co., New Rochelle, N. Y.—A Crescent dish washer in actual operation was shown with considerable effectiveness at the Crescent space. R. D. McCabe handled the display, B. A. Watson relieving him in the latter part of the week.

DeVilbiss Mfg. Co., Toledo, Ohio—The DeVilbiss line of atomizers was taken care of by F. L. Munson, manager of the Canadian branch.

A. W. Diack, Detroit—Dr. Diack's sterilizer controls, known to some as "Diack devils," received the benefit of his presence at the convention, and he made many converts to his gospel that proof of sterilization is necessary.

Dominion Rubber System, Montreal—This Canadian company had on display a full line of hospital rubber goods, which received adequate recognition, especially from Canadian hospital people.

J. B. Ford Co., Wyandotte, Mich.—The famous "Wyandotte" line of cleansing agents, in charge of a force headed by Mr. Merrick, assisted by W. W. Search, eastern

Adrenalin in Medicine

2—Treatment of the Paroxysm of Asthma

THE fact that Adrenalin promptly relieves the paroxysm of bronchial asthma has been demonstrated in thousands of cases. Explanation of its mode of action, however, must be couched in the language of probability and speculation, because the pathogenesis of the disease is the subject of an ever-increasing number of theories and much controversy.

Among the more reasonable and credible of these theories are:

1, Anaphylactic manifestations in the bronchial mucosa from bacterial protein sensitization; 2, The same condition produced by sensitization to food proteins (allergy), pollens of plants and animal emanations; 3, Reflex vagus irritation of the bronchial mucosa from peripheral afferent impulses originating along the course of distribution of this nerve.

It is not unlikely that every case of bronchial asthma can be explained by one of these theories, and that, indeed, in some of the cases more than one of these factors are underlying. Regardless of the theory or theories applicable to any given case, the immediate mechanical cause of the distressing

paroxysm is a sudden spasmodic stenosis of the bronchioles.

The action of Adren-

alin is to relieve this stenosis. Whether the dilator muscle of the straitened tubules are stimulated or the circular constrictor muscles are temporarily paralyzed by Adrenalin to bring about this change in the calibre of the bronchioles cannot be definitely stated. It is interesting to note in connection with the protein sensitization theory that anaphylactic phenomena elsewhere in the body are often favorably influenced by Adrenalin—especially in respect to the skin manifestation, urticaria.

Adrenalin is the best emergency remedy for the treatment of the asthmatic paroxysm at the command of the physician. Two to ten minims of Adrenalin (1:1000) are given subcutaneously, or preferably intramuscularly. quently only five or ten seconds elapse after the injection when partial alleviation of the dyspnœa is noticed. In a few minutes relief is complete. Adrenalin acts quickly or not at all. In those few cases in which no favorable effect becomes apparent after the first injection this medication should not be pushed. practitioners have noted that the injection of Pituitrin in combi-

> nation with Adrenalin (equal parts) enhances and prolongs the action of the latter.



PARKE, DAVIS & COMPANY

representative, and H. M. Payette, Canadian representative, was shown at a booth which was a mecca for visitors, as a variety of attractive souvenirs were given away.

Genesee Pure Food Co., LeRoy, N. Y., and Bridgeburg, Ont.—The "Jell-O" display was, as usual, extremely attractive, Mrs. Jean Salisbury Goldsmith, a regular convention attendant, presenting the appetizing array of dishes made from the company's product which always features its displays.

Frank A. Hall & Sons, New York—The Hall line of hospital beds was shown in charge of F. W. Hall, together with the mattresses and pillows made by the company.

Hobart Mfg. Co., Troy, Ohio, and Tronto, Ont.—R. C. Brown, from the company's Canadian branch, had charge of the display, which consisted of the large Hobart mixing machine and smaller models, suited for kitchens of all sizes.

Holtzer-Cabot Electric Co., Boston—A demonstration model of the company's signal system, similar to that shown last year, was of much interest to visitors. C. A. Ness, of Boston, and Irvin Hickman, of Chicago, were at the booth.

Horlick's Malted Milk Co., Racine, Wis.—An attractive array of the hospital and smaller packages of "Horlick's," with ample literature concerning its use, did good work through D. Wadsworth, Jr., assisted by W. E. Garvie, Canadian representative.

Hospital Supply Co., New York—In spite of the goods intended for display getting lost in transit, I. Weinberger and J. J. Goldstein, who had charge, got the exhibit in splendid shape in time for the convention, and handled an excellent business during the meeting.

Hygienic Brush Co., New York—A full line of brushes and cleaning supplies was shown by this company, including practically everything needed for hospital cleaning work. Arthur Blair handled the display.

Henry L. Kaufman, Boston and Louisville—Mr. Kaufman, who has just moved his main office to Boston, showed his "Gas-Mask" line of rubber goods, and also his "No-Rinkle" rubber-sheeting straps, which are making a hit among hospital people.

Kny-Scheerer Corporation, New York—Among the several interesting items in this display, shown by W. G. Weglener and R. R. Dower, were the company's new Universal operating table, No. 3, with one-lever control; a late model dressing sterilizer, with temperature register, and Young's urological and X-ray table.

Lewis Manufacturing Company, Walpole, Mass.—The "Curity" line of cotton, gauze and made-up goods attracted its usual handsome share of attention, aided materially by the presence of popular "Larry" Davis, advertising manager; E. O. Heyl, sales manager; E. P. Garland, assistant sales manager; F. M. Howe, New England representative; H. G. Kilbourn, Philadelphia, and E. R. Little, New York state salesman.

J. B. Lippincott Company, Philadelphia—The company's authoritative line of medical and nursing books, including several new titles recently brought out, was shown at its booth.

Lederle Antitoxin Laboratories, New York — Albert Avigdor, Canadian representative, was in charge of a display of Lederle antitoxins and serums.

B. Lowenfels & Co., New York—This company's line of hospital bed and table linens was shown by Duncan MacLaren. A. Osthoff, buyer, was also present during the convention.

Lungmotor Company, Boston—Both adult and infant models of the "Lungmotor" breathing machine were dem-

onstrated at the company's space, and its record of more than 7,000 in use materially improved by convention purchases.

Lyons' Sanitary Urn Company, New York—Harry Lyons stimulated interest in his showing of milk-serving urns by a drawing contest, in which a \$110 urn was given away.

MacMillan Company, New York—This company's showing of medical books demonstrated the needs of the hospital library which is intended to keep up with the times.

Meinecke & Co., New York—A significant part of the Meinecke display was the imported enameled goods, of pre-war quality, which were shown. Edward Johnson, sales manager, had general charge of the display, assisted by J. P. Caldwell, E. L. Carmody and J. C. Traynor, Canadian representative.

Midland Chemical Company, Dubuque, Iowa—M. W. Levernier, of the company's Chicago office, had an interesting display of disinfectants, chemicals; surgical soaps and related goods, which he is offering to the hospitals.

Massillon Rubber Company, Massillon, Ohio—Mr. and Mrs. S. Bert Hankins, who are the active heads of the company, presented a pair of high-grade rubber gloves to every Association member visiting their display.

H. A. Metz Laboratories, New York—The Metz line of laboratory products was shown in various forms, and also had the benefit of demonstration in the venereal disease work of the convention, in which Dr. C. N. Meyers, chemical director, assisted. Dr. H. S. Baketell also represented the company.

Morse & Burt Company, Brooklyn—The "Cantilever" shoe for nurses was shown by this company, and its construction was explained by a competent demonstrator.

J. L. Mott Iron Works, Trenton, N. J.—The Mott display, which consisted of a reproduction of the hydrotherapeutic installation at the Royal Victoria Hospital, of Montreal, and some other up-to-the-minute hospital goods, was handled by E. L. Penfrase, manager of the Chicago branch, and R. J. Shively, from the Trenton office. The goods arrived late, but were rapidly put in place and made a marked impression.

National Marking Machine Company, Cincinnati—H. C. Stanley, the company's eastern sales manager, showed two models of "National" linen markers for use in the hospital laundry, which have become familiar to many institutions.

The New York Association for the Blind, New York—R. H. Angus had charge of the Association's display of brooms, brushes, and other "Lighthouse" brand goods made by the blind.

Pfaudler Company, Rochester—A demonstration model of the famous Pfaudler glass-lined clothes chute was shown by C. W. Carroll, of Rochester. The chute is becoming standard hospital equipment, on account of its sanitary and labor-saving qualities.

Albert Pick & Co., Chicago—The first showing of a line of non-scented soap for hospital use, individual size, was made a part of the Pick display of supplies and furnishings. The Sauer line of extracts, now marketed by the company, was also shown, E. C. Brown, of the Sauer organization, assisting. F. L. Fischer handled the display.

Radium Chemical Company, Pittsburgh—Instruments and applicators for use in radiotherapy, with literature describing them, constituted this interesting display, which was in charge of Dr. William H. Cameron, of Pittsburgh, and G. T. Taylor, of New York.

Randall-Faichney Company, Boston—James Gallacher. uitilizing a thermometer testing apparatus to demonstrate the inaccuracy of many clinical thermometers, impressed

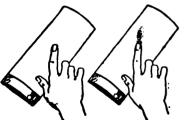


Three points to consider—

when you buy paint for ceilings and walls

- 1. Will it turn yellow-or remain white?
- 2. Will it flake off-or stay on?
- 3. Will it collect dirt-or stay clean?

Gloss Flat Finish Paint Finish Paint



Try this test yourself Rub your finger over distressitant gloss paint. It will not leave a mark. Then note the smudge your finger leaves on the porous surface of flat finish paint

NY white paint looks well when first applied—but how long will it stand up under actual service conditions? How will it look after it has been on the walls for six months or a year?

These are the questions you have got to answer before you choose the paint for your kitchens, bathrooms, laundries, power houses and other interiors where light and cleanliness are desirable.

A flat finish paint has a rough, porous surface that is bound to collect dust and dirt. Once soiled it can never be properly cleaned. Washing or brushing merely drives the dirt still deeper into the thousands of little pores and crevices.

In many paints, particularly flat paints, there is not enough nonvolatile liquid, or "binder," to get a proper grip on the wall. Such paints chip off and scale, giving added expense instead of service.

Ordinary gloss surface paints soon turn yellow, thus robbing you of light and necessitating frequent repainting.

By our exclusive process we have produced a paint which avoids all these dangers—a high gloss paint of intense and lasting whiteness.

Remains white longest

We guarantee that Barreled Sunlight—the Rice Process Mill White—will remain white longer than any other gloss paint. Its smooth, glossy surface is highly resistant to all forms of dust and dirt, and may be washed clean, like tile.

Actual tests show that Barreled Sunlight, when applied, costs less per square yard than any other mill white.

May be applied by brush or spray method. Sold in barrels, also in cans. Send for free panels for test described at left, also booklet, "More Light."

U. S. GUTTA PERCHA PAINT CO.

10 Dudley Street Providence, R. I.

Barreled



Sunlight

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many hospital people with the necessity for care in purchasing these instruments.

Randles Manufacturing Company, Ogdensburg, N. Y.— The Randles "Preshrunk" line of hospital garments was shown by E. C. Randles, son of the head of the company.

Read Machinery Company, York, Pa.—W. M. Webb, of the company's designing department, demonstrated the operation of one of the large Read kitchen machines, which was built in a Canadian plant, together with a wide variety of attachments for various uses.

Rhoads & Co., Philadelphia—J. R. and F. B. Rhoads, attending their first convention, found much interest in the Rhoads line of linens, blankets and other textile goods. Some useful souvenirs were distributed.

Safety Anaesthesia Apparatus Concern, Chicago—D. G. McCurdy, widely known among hospital people and surgeons all over the country, showed the qualities of the "Safety" machine, as usual, by giving anesthetics at several clinics during the convention.

Sanborn Company, Boston—J. F. Coggswell explained the Sanborn-Benedict metabolism apparatus and the Sanborn blood-pressure outfit.

Scanlan-Morris Company, Madison, Wis.—William Herzog, in charge of the "White Line" display, found great interest in the electrically heated infant incubator shown. Other items of this famous line were well represented.

Seamless Rubber Company, New Haven, Conn.—Wilson C. Cassell, director of hospital sales, showed the "Maderite" line of rubber goods from the Seamless factory, including Miller rubber gloves.

John Sexton & Co., Chicago—The "Edelweiss" line of canned goods, which is widely known among hospital people everywhere, drew the usual procession of friends and visitors. Sherman Sexton, who gives personal attention to the company's hospital business, headed the force at the display.

G. H. Sherman, M. D., Detroit—Paul Desilets had charge of a representative showing of Sherman bacterial vaccines, with ample literature describing them.

Simmons Company, Kenosha, Wis.—With the most attractively located room in the display section, and a force of salesmen from the Canadian factory to assist him, Barney Flynn had nothing to show for the first two days of the convention. When the fine line of Simmons goods did arrive, however, he made up for lost time, and entertained numerous visitors.

Surgical Supply Company, Minneapolis—An "elephant-trunk" operating room lamp and an excellent automatic patient lifter were shown by Miss Blanche Scallen, in charge of this display.

Thorner Brothers, New York—The Thorner brothers in person, aided by two salesmen, showed visitors a full line of supplies, in which operating room tray dressing sets attracted much attention.

Toledo Technical Appliance Company, Toledo—Dr. E. A. Peebles showed the McKesson anethetizing device and a metabolism apparatus.

U-File-M Binder Manufacturing Company, Syracuse— This company's binder device for use in filing hospital records attracted much favorable notice.

American Hospital Gives Dinner

Dr. Charles H. Mayo, Arthur J. Balfour, John W. Davis, American ambassador, and Sir William Arbuthnot Lane, consulting surgeon to Guy's Hospital, were guests of honor at a recent dinner tendered by the officers of the American Hospital of London.

Organization Continued

Protestant Hospital Association Names Pliny O. Clark as President; Dr. English, Secretary

The continuation of the Protestant Hospital Association formed at Cincinnati, as a section of the American Hospital Association was decided upon at a meeting of members at Montreal during the recent convention. The intention of those interested to maintain a live and aggressive organization was indicated by the election of a strong list of officers, headed by Pliny O. Clark, superintendent of the Presbyterian Hospital of Colorado, as president.

Other officers elected were Dr. Charles S. Woods, superintendent of the Methodist Hospital of Indianapolis, vice president, and Dr. F. C. English, of St. Luke's Hospital, Cleveland, formerly head of the hospital department of the Interchurch World Movement, secretary and treasurer.

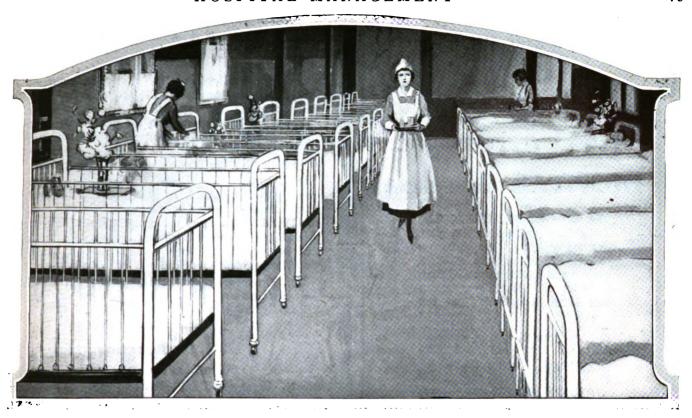
The purpose of the organization, as outlined by the officers and by other speakers at the two meetings held, is to co-operate in every manner possible with the American Hospital Association, with which it is desired to affiliate as a section, and to further efficiency among Protestant hospitals by avoiding the duplication of effort which so often occurs under present conditions. In brief, it is believed that a single strong hospital is decidedly better, in a given community, than several weak ones, and it is along this line that the association will work.

The general meeting of members and others interested, which was held on Thursday morning, October 7, was preceded by a smaller meeting on the previous Tuesday evening, for the purpose of deciding whether the organization should proceed. Among those attending this meeting were Mr. Clark, Dr. English, Dr. Woods, Dr. A. E. Fonkalsrud, of St. Luke's Hospital, Fargo, N. Dak.; Dr. W. E. Davis, of Chicago, general field secretary of the Methodist Hospital Conference Board, representing 195 institutions, including 60 hospitals; Dr. J. R. Alexander, of Charlotte, N. C.; Dr. J. L. Smith, of Chicago: C. B. Hildreth, of Cleveland; Miss N. Jenkins, of Winston-Salem, N. C.; John H. Olsen, of the Norwegian Hospital, Brooklyn; Sisters Anna and Marie, of the Norwegian Lutheran Deaconess Home and Hospital. Minneapolis; Miss Ingeborg Sporland, superintendent, and Sister Martha Bakke, of the Norwegian Lutheran Deaconess Home and Hospital, Chicago, and several others.

At this meeting it was brought out that there are in the United States approximately 28,000 Protestant hospital beds, whereas, in order to provide one to every 400 Protestants, there should be about 68,000, a shortage of 40,000 beds. Dr. Davis, who made this point, said that it was highly important, in view of this shortage in the country as a whole, to prevent the overlapping of service by establishing too many hospitals in any one community.

In this connection Dr. Smith suggested that before establishing a hospital it would be worth while to hold a conference with representatives of existing hospitals in the community, and survey the situation to determine whether an additional institution was necessary.

At the Thursday morning meeting, following the decision to request admission as a section of the American Hospital Association, and the filing of a petition for that purpose, Dr. A. R. Warner executive secretary of the



Sanitary, soundless and comfortable underfoot, Gold Scal Battleship Linolcum is preferred for hospital use

Built on U. S. Navy Specifications –and *Guaranteed*

Sturdy durability—oak-like endurance—low cost for long service—have earned for Gold Seal Battleship Linoleum the unanimous approval of hospital executives and the unquestioned satisfaction of those who actually use it.

It can be cleaned quickly and thoroughly, and it is very quiet underfoot—soft and yielding a boon to doctors, nurses and patients. Its color is a soft restful brown, which when waxed takes on the appearance of fine hardwood.

Because a very heavy proportion of the purest linseed oil is used in its manufacture, Gold Seal Battleship Linoleum is without question the most sanitary as well as the most serviceable covering for hospital floors.

And in addition, Gold Seal Battleship Linoleum is distinguished from others by an unqualified guarantee, which proves our faith in our product. On every two yards you will find the Gold Seal Guarantee bearing our six-word pledge — "Satisfaction Guaranteed or your Money Back." This means exactly what it says—your money back if it does not give satisfaction.

Congoleum Company

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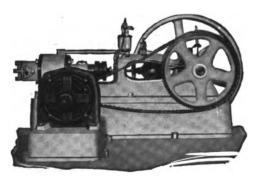
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association, addressed the members. He indicated the opinion that there is room for the organization, and that it could readily operate in the manner desired, as a part of the larger association.

During the afternoon Asa Bacon, superintendent of the Presbyterian Hospital of Chicago, addressed the meeting, expressing his approval of the organization and its purposes, and emphasizing the desirability of co-operating with the American Hospital Association. He suggested that one service which could be performed was that of planning for the training of hospital executives.

Dr. Henry A. Jones, superintendent of the State Infirmary, at Howard, R. I., suggested that the needs of small communities, unable to support their own hospitals, could readily be met by the co-operation of several such communities in the establishment of a single hospital, and that work along this line by the Protestant Association would be decidedly practical and valuable.

The next meeting of the organization will be held at the same time as that of the American Hospital Association next year.

A. H. A. Meets at Montreal

(Continued from Page 39)

supply. Inquirers should be advised where to go, instead of being allowed to remain in ignorance of the institutions which might be able to receive them.

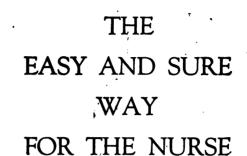
Dr. A. C. Bachmeyer, who also discussed the paper, gave some illuminating instances of how social service work helps the service of the hospital. The department is just as necessary as the administrative department. Social service is a morale builder in the tuberculosis hospital for employes as well as patients.

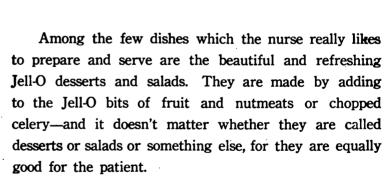
A most interesting paper was read by Sister St. Gabriel. of the Grey Nuns of Montreal, whose work was started in the eighteenth century and carried on under pioneer conditions in many parts of Canada as well as the United States. Their first work was to receive those wounded by the Indians, so that they encountered many dangers and privations. The Grey Nuns have trained nurses and cared for the poor and sick in their homes. The mother house has opened fifteen hospitals, as well as institutions of other kinds, in the various provinces and states. Most of them are general hospitals. The paper closed with a detailed review of the work of the various hospitals of the order.

R. P. Borden, a trustee of the association, spoke in appreciation of the address, pointing out that it brought into contrast the ancient social service of the sisters and the modern forms of social service developed in the hospitals today. The papers furnished two great examples of the same subject.

Dr. Seymour, of Regina, Sask., said that the Grey Nuns are doing good work in Western Canada, and have kept up the scientific features of their hospitals. Holy Cross Hospital, in Calgary, operated by the Grey Nuns, was the first in Alberta to comply with the minimum standard of the American College of Surgeons.

Michael M. Davis, chairman of the special committee appointed by the association to survey social service departments of hospitals, presented a tentative report, stating that the final report would be offered later. The work of the committee, he said, was financed by an interested individual who did not care to have his name used. The committee is composed of sixteen people, representing social workers, nurses medical men and superintendents





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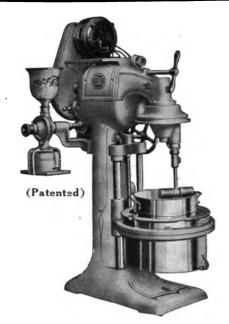
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Kitchen Machines and Bakery Outfits

The two principal subjects considered were the definition of social service and the training of workers. Dr. Anna M. Richardson was the field secretary, and made a study of sixty representative hospitals, having all types of social service departments, with 350 paid workers. While many nurses were found to be included in the organization, the question of nurse training was not a determining factor in their appointment. What is social service? There are seventy different forms of it, according to the committee's report, but the fundamental feature, it is agreed, is its relation to the medical care of the patient. The social service department should be an integral part of the hospital, even though started or financed from the outside. and should ultimately be financed as part of the hospital budget. The value of social service to the hospital is found in the fact that it brings new interest and support, and contains elements of appeal that strengthen the position of the hospital in the community as a whole. The complete report of the committee will be ready in about a month.

Daniel D. Test read a statement in which it was pointed out that Canada is included in "American" in the name of the association, and which tendered a message of good will from the United States to Canada.

A joint session of the American Hospital Association, the American Conference on Hospital Service and the American Association of Hospital Social Workers was held Friday morning. After the preliminary talks, Dr. Howland turned over the gavel to Dr. Frank Billings, president of the Conference.

Dr. Billings first read his report as president of the Conference, dealing with the service which it can render to hospitals through the hospital library and service bureau. He told of the support of the Rockefeller Foundation, spoke of the Conference as a going concern, described the progress of standardization, and showed how the Conference would avoid duplication of effort in various parts of the hospital field.

Those representing the various factors in the Conference reported, Dr. John M. Dodson, dean of Rush Medical College, Chicago, speaking for the American Medical Association; Miss Mary C. Wheeler, superintendent of the Illinois Training School for Nurses, Chicago, for the nursing organizations, and Dr. Cannon, for the social workers. Dr. Dodson outlined the functions of the various medical organizations in the Conference, and showed how they are co-operating. Miss Wheeler reported the results of a questionnaire on the nursing situation, covering the character and length of training, etc. She reported that the number of graduates is increasing, and that 17,750 graduated from hospital training schools in 1920.

Besides electing officers, the association at the final session Friday afternoon adopted the report of a committee appointed to consider the president's address, favoring developing state sections, enlarging the service bureaus developing joint institutional memberships in state and national bodies, and urging members to make the association a clearing house of hospital ideas. A recommendation was also adopted that hospital endeavor to increase the number of autopsies. The legislative committee recommended that a legislative bureau be established by the association, in view of the numerous matters of this character constantly coming up. The report was adopted

Average Stay Sixteen Days

According to statistics prepared by hospitals affiliated with the United Hospital Fund of New York, the average stay of a patient last year was 16.4 days. Fifteen days is the figure for Mt. Sinai, St. Luke's, Roosevelt and Beth Israel.

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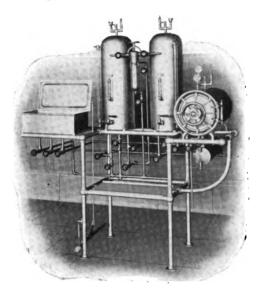
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Charting Hospital Activities

(Continued from Page 59.)

ment of the departments in which you are interested, you are personally conducted through the shops, power plant, storerooms, accounting and statistical departments. You make mental note of one thing after another. Later, in the seclusion of your own office you find that many of their methods may be applied to your own organization. This same method should be carried out at frequent intervals in other industries, and is applicable to large hotels, restaurants, dining halls and commercial laundries.

In the American Hospital Association is one of the greatest powers for good available to one interested in hospital administration. It is the privilege of everyone in charge of a hospital to become an active member of this organization, and the alert executive will avail himself of this privilege. In no way can the executive better keep abreast of the times than by attendance at such meetings. It should be the duty of the hospital superintendent to attend these annual conferences. It should be the duty of the executive board to send their superintendent to these meetings, to insist upon attendance during the full meeting, and to see that the expenses for attendance are defraved by the hospital. The amount expended will be returned to the hospital tenfold by increased efficiency and energy. Just as the executive should represent the institution at the conference of his association, the superintendent of nurses should attend the conference of the National League of Nursing Education and the dietitian should attend the meeting of the American Dietetic Association.

FREQUENT INSPECTION NECESSARY

For many years a group of representative hospital executives have met occasionally during the year in Boston, and after dinner, a round-table for the discussion of hospital problems is held. A similar organization has met in New York. This affords one of the best methods of getting together, and should produce results in any part of the country.

No executive can decide wisely unless he knows the actual conditions in his plant. He should, therefore, inspect all his departments at frequent intervals, and should have daily reports from and conferences with the head of each department. This may be carried further by monthly meetings between the resident staff and the executive staff for discussion of purely administrative problems. With the resident system, many of the men have advanced from service as intern to assistant resident or resident, and these young men look at the hospital with the eye of an executive. Their criticisms are just and their arguments sound.

More and more the business world has come to represent its dealings by the graphic method or charting. By charts one is able to lay his facts before others in a convincing manner, and this is the real purpose of collecting data. The large industries chart their departmental wages, their total pay roll, their production, the amount of stock on hand, the stock withdrawn, the turnover in labor and many other things. Charting is used by all banking concerns, and by all statistical bureaus It is absolutely essential for every man to become interested in financial conditions throughout the world, and not only to understand the various types of charts, but to be able to chart his own business transactions.

At the New Haven hospital we have recently been charting some of our daily procedures, such as admission and discharges of patients, operations, number of

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nurses of various groups on and off duty, monthly expenditures, receipts and the like. Charting is applicable to almost any phase of hospital administration, and we expect to work out a small number of charts which will require but a few minutes' time daily and put us in closer contact with conditions.

Emerson in his "Twelve Principles of Efficiency" gives as the third principle, "competent counsel," and states that competent counsel is necessarily derived from many minds. It is sometimes advisable, when a department is not running smoothly, to call in and consult an expert in that branch. The value of this is twofold. It allows the executive to view the situation through other eyes, and lends weight in presenting arguments to his administrative board. On my last visit to Baltimore, Dr. Smith informed me that he had just completed a survey of his laundry, by a laundry expert, with the result that they had installed new machinery, increasing its efficiency and reducing its pay roll. Through the courtesy of a large industrial plant, the New Haven Hospital has recently had a survey made by experts from the various departments of that highly efficient organization. The report submitted contained the opinions and recommendations of men highly trained in accounting, business efficiency, engineering, storekeeping and hotel management. It is too early yet to state what the result of such a report will be, but it contains many recommendations of value, and I anticipate that much good may result. It is quite possible that other hospitals could arrange for a similar survey to their advantage.

MARKET BULLETINS OF VALUE

The various agricultural colleges and chambers of commerce publish daily or weekly market bulletins, stating the receipt of market commodities and the prevailing prices. These bulletins may be obtained at little or no expense, and are of value to the buyer in securing advantageous prices. The Hospital Bureau of Standards and Supplies of New York affords another excellent opportunity for the buyer to keep in touch with current prices, and to purchase at an advantage. It is quite possible that if similar organizations were established in other parts of the country, similar beneficial results would incur.

Certain statistics are required in every hospital in order to keep in touch with the various sources of income and of expenditure. Most hospitals have these statistics in various forms. Most institutions issue an annual report. containing valuable data, and these reports and statistics should be and are exchanged and studied by the various executives. And yet in collecting hospital forms and data, what a variety of methods, shapes, sizes and colors one encounters. Each hospital has worked out its own system in accordance with its requirements. And no two accounting systems will be exactly alike, some being on one basis, some on another. Does it not seem odd that with hospitals conducted so nearly on similar lines, no more uniform systems of statistics and accounts are available? How much greater benefit would result, and how much greater would be the ease and satisfaction in comparison if a group of hospitals, similar in purpose and size, would standardize their accounting systems and statistical forms and exchange weekly statements.

Although the board of directors of the average hospital has seen its annual deficit steadily mounting during the past few years, the more conservative have viewed with skepticism the advisability of a public appeal for funds or a drive, as it is commonly called. I do not share this feeling, and see no reason why the support of the hospital shape of the support of the support of the hospital shape of the support of the hospital shape of the support of the support of the support of the support of the same of the support of

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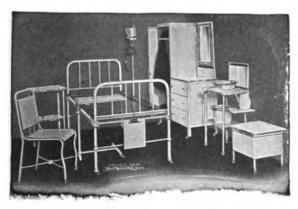
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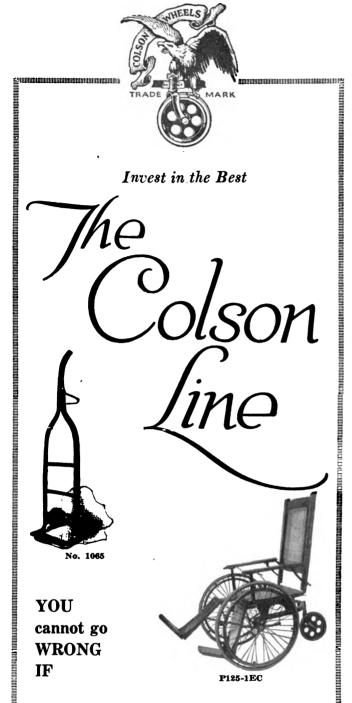
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. Нашинатичностичностичностичностичностичностичностичностичностичностичностичностичностичностичностичностичности pitals should fall upon the few. It should be as much the duty of the citizens to support the hospitals as it is to maintain the public schools, public libraries, the highways and water systems. They should put aside annually a sum for hospital support, as they would for their society or club dues. I believe that the State of Iowa had legislation enacted by which a small amount per person is set aside from its taxes to care for the indigent poor.

HOSPITAL DRIVES FEASIBLE

Last year the directors of the New Haven Hospital conducted an intensive drive of one week's duration. The response of the New Haven public was most generous, and \$233,000 was realized. The expenses of the campaign were approximately \$10,500. In our own case, therefore, the hospital drive has proved both feasible and beneficial, and it should be carefully considered elsewhere.

Some hospitals conduct courses for those wishing to train as hospital executives. The advantage to an instructor in conducting classes is recognized, for in order to present new facts of interest to his students an instructor must know and review his subject at frequent intervals. Added to this is the stimulus derived from the questions of the students.

I now turn to the literature or the final division of my subject. The magazines useful to the hospital executives may be considered in three classes.

First—Medical magazines. Foremost in hospital administration is the fact that we are dealing with a highly organized specialty, the care of the sick. There are numerous well recognized medical publications, and I will not attempt to suggest those most beneficial. Each executive should chose the one best fitted for his guidance.

Second—Magazines of hospital administration. The two principal magazines edited in the United States on hospital administration are too well known to require much comment. The progressive executive can ill afford to be without one or the other, or both. There is also a valuable Canadian and British publication.

Third—Magazines of business administration. There are numerous good publications of business administration. Those I have found the most useful are System, Industrial Management and Factory. All contain timely articles. Many banks issue a weekly or monthly letter such as the pamphlet issued by the National City Bank of New York, summarizing financial conditions. The Magazine of Wall Street is also of considerable value. There are many similar publications in other cities which require but a few minutes' attention daily.

The books dealing strictly with hospitals and their management are few. The two most recent contributions which have come to my attention are "Dispensaries, Their Management and Development," by Michael M. Davis, Jr., and Andrew R. Warner, M. D., and "The American Hospital of the Twentieth Century," by Edward F. Stevens.

Finally, a word as to the library of the hospital executive. Each executive must determine his own requirements. It is usually admitted that a library does not represent the reading done by its owner, but enables him to consult competent authority when in doubt. I shall not attempt here to outline a library, but merely wish to mention a few books I believe the library should contain. As stated elsewhere, there should be a thorough business course, my choice being that of the Alexander Hamilton Institute. In addition I would suggest:

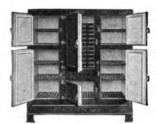
"The Organization, Construction and Management of Hospitals," by Ochsner & Sturm.

"The Modern Hospital," by John A. Hornsby, M. D. "Accounts," by William M. Cole, A. M.

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"The Principles of Scientific Management," by Frederick Winslow Taylor.

"Twelve Principles of Efficiency," by Harrington Emerson.

"Personal Efficiency," by Harrington Emerson.

"Production Factors in Cost Accounting and Works Management," by A. Hamilton Church.

"Graphic Methods for Presenting Facts," by Willard C. Brinton.

"Men Who Are Making America," by B. C. Forbes.

"Purchasing," by C. S. Rindsford.

"Modern Business Law," by Edward W. Spencer.

"Hospital Accounting and Statistics," by William V. S. Thorne.

"The American Hospital of the Twentieth Century." by Edward F. Stevens.

"Dispensaries, Their Management and Development," by Michael M. Davis, Jr., Ph. D., and Andrew R. Warner, M. D.

From the above paper we may draw the following conclusions:

First-Business administration has made marked progress during the past decade and has lately been conducted under abnormal difficulties.

Second-Hospital administration falls properly into the group of activities known as service.

Third-In order to render to patients the service which they may reasonably expect, the hospital executive should

- (a) Develop the medical and surgical organization in accordance with the organization of other recognized institutions and with particular reference to the suggestions of the American College of Surgeons.
- (b) Develop a business organization in accordance with modern ideas of efficiency.

Fourth-A persistent study of modern business principles should be made.

Fifth-Other hospitals and industrial organizations should be frequently visited and studied.

Sixth-Executives should join and take active part in medical, administrative and civic associations.

Seventh-Combined local activities are of great value among hospital executives.

Eighth-Daily reports from and consultations with departmental heads, supplemented by personal inspection of departments are essential.

Ninth-A practical knowledge of graphic methods of presentation should be acquired.

Tenth—Competent counsel should be consulted when necessary.

Eleventh-The information from statistical bureaus should be available.

Twelfth-Every effort should be made by the administrative boards to stabilize the hospital finances.

Thirteenth-The systematic reading of publications dealing with medical and administrative problems is essential.

Fourteenth-A program of self-education should be outlined and an administrative library of recognized authorities acquired.

In conclusion, I realize the above program necessitates considerable reading, but by a systematic arrangement of hours, ample time will be found after regular duties for study and essential recreationsy

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The Lungmotor has demonstrated its indispensable usefulness in the hospital times without number, saving lives which would otherwise have been lost, and winning the emphatic indorsement of hospital superintendents, physicians and surgeons, anesthetists, and all others who have had opportunity to witness its wonderful efficacy in restoring respiration. Its superiority for this purpose over manual methods is indisputable.

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When you consider the fact that need for the use of the Lungmotor may arise simultaneuosly in several departments, it seems that every hospital should be prepared for emergencies, by having several of the machines on hand. In the operating room, where the patient may not rally properly from the anaesthetic; in the delivery room, where mother or child, or both, may need the Lungmotor; in such emergency cases as drowning or electric shock, brought to the hospital—the Lungmotor is the one thing meeting the need.

Don't Be Without It

THE LUNGMOTOR CO.

Boylston and Exeter Streets BOSTON, MASS.





YOUR LINEN CLOSETS

Any hospital will be a better hospital for having stocked up with Baker Linens. There's a reason. A little usage and a trip or two to the laundry will accentuate the inferiority of low-grade linens as nothing else can. The raggedness and off color thus produced will be distasteful to patients, visitors and help. The cost in unfavorable impressions thus created might extend over a period of years.

We build years of service into

BAKER LINENS

Especially Made for Hospital Purposes

Our scores of hospital customers remain with us year after year because they appreciate that our service means definite co-operation in the raising of hospital standards and the lowering of hospital costs. Our service is direct. No middleman.

Sheets and
Pillow Cases
Bed Spreads
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Table Cloths
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Huck Towels
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Bath Towels
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H.W. BAKER LINEN CO.

41 Worth St., New York City

Boston Philadelphia Los Angeles San Francisco

How to Sterilize Gloves

Fingers and Inside Surfaces Often Escape Sterilization; Two Methods Suggested

The sterilization of rubber gloves presents difficulties which are more pronounced probably than in the sterilization of any other material used in surgery. If it were possible to present exact figures, it would undoubtedly be found that the outside surfaces of gloves are uniformly sterilized by any of the methods in common use, but it is questionable if more than a small percentage of the gloves so sterilized are sterile on the inside surfaces of the fingers, because of incorrect methods of preparation. Obviously it is most important to have the outside surfaces sterile, but it is necessary for the inside surfaces to be sterile also, because gloves are frequently cut while in use, exposing inside surfaces to a greater or less degree of contact with the wound.

The preparation of the glove for sterilization, regardless of the the method of sterilizing, should be carried out with the greatest care and with full understanding of all of the requirements, if uniform results are to be assured. After use, gloves should be thoroughly washed with cold water, to which ammonia has been added. Ammonia does not cause deterioration of the material, as does soap. The gloves should be cleaned in this way regardless of the method of sterilizing. The operator should understand that any glove, especially an old glove, if it becomes flattened, may have its surfaces stuck together, sometimes requiring considerable effort to pull apart, and this applies also to the outside surfaces of the fingers if they happen to be pressed together. In any sterilizing process such surfaces might escape sterilization, because the sterilizing agent would not reach those surfaces.

There are two methods of sterilizing gloves in more or less general use. The first provides merely for boiling them in water for various periods, ranging from ten minutes to one-half hour; the second subjects them to steam at ten to twenty pounds pressure for periods ranging from ten minutes to one hour.

In the first method the work is done in the instrument sterilizer, and it is probable that if the gloves are wholly immersed in boiling water for fifteen minutes, sterilization is as complete as if continued for a longer period. It is advisable, however, to do this work in a sterilizer used for no other purpose, and to use a 1 per cent saline solution instead of the bicarbonate of soda solution ordinarily used for instruments, that being found injurious to gloves. In preparing gloves for sterilization in this way. it is well to fill each glove with water before placing it in the sterilizer, to insure that none of its surfaces is stuck together and that the entire glove is filled with water without air pockets in the fingers. During sterilization the entire glove should remain completely immersed. which can be accomplished by placing something over the gloves in the solution which will prevent them from floating above the surface, and which should not collapse the gloves or force them into a compact mass.

Sterilization of rubber gloves by boiling is supposed to be less injurious to the gloves than sterilization by high pressure steam, but many surgeons object to using wet gloves, and there is an element of chance in connection with the boiling method which is certainly reduced by careful sterilization by the other method.

The surgeon who demands the last degree of care in the preparation of his materials will probably prefer sterilization of his gloves by the second method, because that sterilization will be accomplished with a greater fac-



The Water Question

There is nothing more essential to every hospital than a dependable supply of good, pure water. The Caldwell Cypress Tank makes an abundant supply an absolute certainty.

The Caldwell Cypress is constructed of the highest grade of long-lived, non-tasting cypress, according to engineering principles, backed by men who have been building tanks for over 30 years. Strong, durable and free from breaks.

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W. E. CALDWELL CO.

Incorporated

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Every Hospital Needs this superior sanitary Towel Service

All the washrooms in your hospital should be equipped with modern, sanitary, Individual Towel service. A clean towel for everybody—doctors, nurses and internes. And no towels lying around loose, to be misused, because every towel is locked in place.

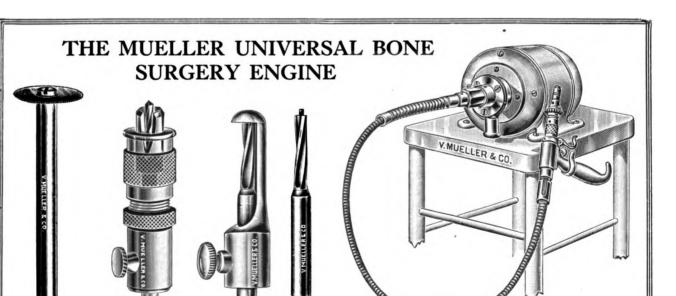
Now is the right time to install Individual Towel service in your hospital.

Individual Towel and Cabinet Service Co.

Archer Ave. at Quinn Street CHICAGO

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108 East 16th Street NEW YORK

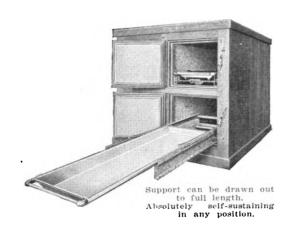


A Few Reasons Why Hundreds of Surgeons Have Selected this Instrument in Preference to Others are Given Below:

- It is safe at all times the operating instrument is in action only when the finger is on the trigger.
- 2. The weight in the surgeon's hand is less than two pounds.
- The hand piece is held in comfort. Its pistol shape allows free action of the hand.
- The flexible shaft is made of sixteen strands of high-grade iano wire and will transmit ten times the power ever called for.
- 5. Sterilization by boiling the hand piece.

- 6. The motor is entirely enclosed and operates noiselessly.
- Any operative work requiring drill, saw or bur, whether sinus, transplant bone graft, bone plating, etc., can be done with the Mueller engine.
- Perfect speed regulation and operating at slow speed and with plenty
 of power, there is no danger of heating bone, a serious defect in
 some engines.

Made by V. MUELLER & CO., Makers of Instruments for the Specialist 1771-1789 Ogden Ave., Chicago



The Improved Method of Keeping Cadavers

MODERN Hospitals and Institutions—throughout the country—are specifying the Improved De-Canio Mortuary Support because it is the most sanitary and efficient method of keeping cadavers.

The outstanding features of the De-Canio Support are its simplicity, great strength, accessibility and cleanliness.

The DeCanio Support consists of three parts:

Stationary frame riveted to the interior of refrigerator.

Movable Carriage on frictionless wheel rollers.

Removable white enameled tray, reinforced for use as a stretcher.

The DeCanio Mortuary Support is made entirely of iron—heavily galvanized after assembling. Cannot warp, stick or bind in operation.

The DeCanio Support can be installed in any type of Mortuary Refrigerator.

Instructive illustrated booklet on "Mortuary Refrigeration" mailed on request.

In orillard Refrigerator @ Madison Ave at 48th Street, New York

tor of safety than is possible by merely boiling the gloves. It is probable, too, that by exercising care in preparation and sterilizing the gloves will not deteriorate much more rapidly than in the other process.

It is understood that steam at 15 pounds pressure (250° F.) in full contact and penetration with any substances for a period of twenty minutes will produce absolute sterilization. If the glove has its outer surfaces exposed to the steam, but is collapsed so that the steam does not fully penetrate to the interior of the fingers, those surfaces will remain unsterile. The temperature of 250° F, without the presence of steam will not sterilize. Provision should be made for filling the gloves loosely with gauze or some porous material which will hold the surfaces apart for the free penetration of steam to every surface inside and outside; and in addition, the gloves should never be placed under other packages, the pressure of which might tend to collapse them.

A method which will give uniformly good results is to have those gloves which have been used for infectious conditions first thoroughly washed as described in the previous paragraph, then boiled for three minutes in a l per cent solution, after which they should be thoroughly dried, powdered with sterile talcum and put into separate glove cases made like a large bill fold, with a pocket on each side large enough to hold a glove without folding, and then placed loosely on top of all the other bundles in the dressing sterilizer and sterilized at 15 to 18 pounds steam pressure for not less than twenty minutes. Care should be taken not to permit the gloves to touch the sides of the sterilizer, as they are apt to stick to it. It is not absolutely necessary in the above process to boil gloves before sterilizing which have been used for other than infectious cases.

Sterilization of gloves in drums with other packages should never be attempted, because it is impossible in drums to insure against the gloves being subjected to pressure which might prevent the free passage of steam.

Talcum powder used in gloves and for various similar purposes cannot be properly sterilized in any dressing sterilizer. It should be spread out in thin layers and subjected to dry heat at about 400° F., in the laboratory hot air sterilizer for a period of twenty minutes or one-half hour.

Shows Hospital Installations

Installations of kitchen equipment in several hospitals are illustrated in a large booklet recently issued by Albert Pick & Co., Chicago, manufacturers and distributors of equipment and supplies for hospitals, hotels, restaurants and other institutions. The booklet is an unusually fine specimen of the printing art, and many of the illustrations are in color.

Campbell Heads Company

C. G. Campbell, known to many hospital executives as an expert on laboratory furniture, has been elected a member of the board of directors and appointed general manager of the Kewaunce Manutacturing Company, Kewaunce, Wismakers of laboratory equipment. Mr. Campbell for several years was the sales manager of the company.

New Antiseptics

Among the new antiseptics now being produced in quantity are Acriflavine and Proflavine, which are meeting with particular success in the treatment of gonorrhea. The Abbott Laboratories, Chicago, are the manufacturers.



S AVE time and avoid mistakes, delays and losses, by marking all articles that go to the laundry—linens, patients' clothing, uniforms of your staff, etc. Only a small inconspicuous letter or figure is necessary on each piece. A mark made with



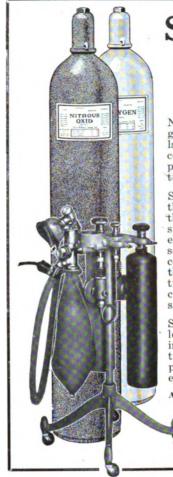
lasts as long as the fabric itself. Payson's will not spread, fade or wash out of cotton, linen, silk or woolen goods and will not injure the most delicate fabric.

Be sure to get Payson's—the old reliable—in continuous use for nearly a century. Sold to hospitals direct.



Payson's Indelible Ink Co.

Northampton, Massachusetts



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Gas, Equipment and Service

Nitrous Oxid and Oxygen generated in the S. S. White laboratories are free from contamination; expressly produced for human inhalation and economical in use.

S. S. White Apparatus for the administration of anesthetic gases are models of simplified mechanism and efficient operation. The essential features for insuring continuity of flow and for the precise control of Nitrous Oxid and Oxygen are common to our various styles of equipment.

S. S. White refilling stations located at convenient points in all sections of the country provide facilities for the prompt delivery of our gases anywhere.

Ask for descriptive literature.

The S. S. White Dental Mfg. Co.

"Since 1844 the Standard"
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Look for the DIX-MAKE Label

Behind the DIX LABEL which appears in every genuine DIX-MAKE garment is an enviable record of 20 years of sincerely providing the nursing profession with the best uniform it is possible to produce.

With that ideal ever present, every uniform is subject to most rigid quality tests before it is permitted to leave our workrooms.

As a result, approved style, unusual quality of material, tailoring and finish, are characteristic of every DIX-MAKE uniform.

Sold by leading department stores nearly everywhere. Write us for Catalog "S" and list of dealers.

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No. 400

The authorized Government uniform during the war.

Of superior quality Dixie Cloth; women's and misses' sizes.

HENRY A. DIX & SONS COMPANY

Dix Building, New York City



Gumpert's Chocolate Pudding

Tempting and delicious—just the thing to pamper the convalescent's fickle appetite. Because of the unusual care taken to make it absolutely pure and nourishing, doctors and dietitians in leading hospitals endorse it as

The Ideal Dessert

Solves quickly and conveniently the ever present problem of what to select and prepare that sick folks can relish and enjoy.

Purity—Economy

Gumpert's Chocolate Pudding is carefully made from milk, eggs, chocolate, cocoa, starch, salt and flavor—nothing added—nothing extracted but the water. High in caloric value—156 calories to the ¼ lb. portion. Easily prepared. Simply add water, sweeten to taste, boil and let cool in molds. Costs but 2c to make a ¼ lb. portion.

S. Gumpert & Company

BROOKLYN, N. Y.

CHICAGO



Gumpert's Chocolate Pudding is used extensively in leading hospitals everywhere

Prices Refuse to Drop

Newspaper Accounts of Reductions Misleading, Hospital Buyers Are Told by Dealers

Despite general reports of price reductions and decreases in the cost of living, hospital buyers on October 10 found dealers asking the same figures for many lines of hospital supplies and equipment. Practically the only change in the situation in the market over a month or sixty days previous was a better supply in some lines. Other goods, such as glassware and rubber, were reported as scarce as ever, with little indication of relief.

One manufacturer accounted for the apparent discrepancy between newspaper accounts of lower prices and the failure of dealers to meet these figures by the fact that the new prices frequently referred to raw materials, which were just being bought by manufacturers who still are using stocks for which they paid much higher prices. Consequently, the products they now are offering to dealers cost just as much as ever. Until all the old stock is disposed of, this manufacturer asserted, there can be no hope for better prices from the consumer standpoint.

Hospital buyers are continuing their policy of purchasing only absolute necessities, and in small quantities, this manufacturer added, remarking that the equipment market is practically at a standstill, with only an occasional order for furnishings for a room, etc.

Generally, prices of hospital supplies are the same as for the past two months, and while there is a general belief that the market is changing from a seller's market to a buyer's market, no one can predict when this stage will be arrived at.

The textile field, according to dealers, also is showing a condition entirely at variance with that the public has been led to believe is the case by the newspapers. On account of decreased production of blankets last year, stocks now are greatly depleted, and prices are maintaining a higher figure than might be expected under present conditions. The shortage of cotton is given as a reason for the abnormal scarcity of sheets and pillow cases. The latter class of goods is almost impossible to obtain, and prices are correspondingly high, while sheets are almost as scarce.

For a week previous to October 10 prices of canned goods, generally, were firm, after a drop all along the line of about 20 per cent. Indications were that the marker had turned and some dealers predicted a slight increase. although they did not expect a return of the highest prices that formerly were asked. A shortage of goods in No. 10 cans was noted, due to the inability of the packers to obtain containers of this size. There was a general scarcity of canned goods reported, owing to the decreased packs. Fruits and tomatoes were reported especially light, but corn was good. One dealer suggested that prices may not be as low again this season in staple canned goods.

Hospital Discontinued

The Lovell General Hospital at Fort Sheridan, Ill. was discontinued October 1. The patients will be cared for at Walter Reed Hospital, Washington, and at the Fort Sheridan Post Hospital. The Lovell buildings will be turned over to the commanding general, Sixth Army Corps Area, Chicago. Digitized by



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Nurse Training

Your nurses will acquire a more thorough and lasting knowledge of anatomy and physiology in less time and with less effort if your instructors are provided with the

American Frohse

Life-Size

Anatomical Charts

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for the successful and effective study and teaching of Anatomy and Physiology.

The most progressive Hospitals in the country are using these dependable, graphic, life-size anatomical charts in their Nurse Training Schools.

A New Edition is just off the press. Because of economies effected in the manufacturing process we are able to offer this edition at a *Reduced Price*.

If your Hospital is not equipped then INVESTIGATE TO-DAY

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EDMANDS Electric Bakers

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The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

Send for our trial proposition

Manufactured by

Walter S. Edmands

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We can furnish you with a

CENTRIFUGE OR CENTRIFUGAL MACHINE

Hand-, Water-, or Motor-Driven FOR ANY LABORATORY NEED



No. 2584, \$109.05



No. 2608, \$192.10



No. 2570, \$64.00

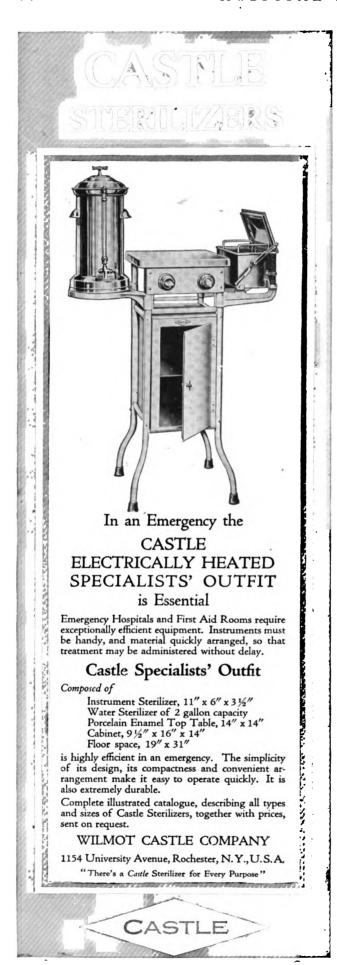
For description of our complete line, send for Reprint 4N

CENTRAL SCIENTIFIC COMPANY

CHICAGO

460 East Ohio Street

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Notes of the Convention

(Continued from Page 51.)

Deaconess Hospital, of Phoenix, a 120-bed institution, of which she will take charge November 1. It is a new hospital, and promises to be a big factor in the Southwestern field.

Howell Wright, executive secretary of the Cleveland Hospital Council, and former executive secretary of the national body, is running for the office of lieutenant-governor of Ohio on the Democratic ticket. Many of those at the convention inquired of Mr. Wright as to the progress of his campaign.

A pleasant feature of the convention was a Rotary luncheon at Freeman's Hotel. A large number of Rotarians, including P. O. Clark, of the Presbyterian Hospital, Denver; C. B. Hildreth, of St. Luke's Hospital, Cleveland; J. E. Hall, of the American Sterilizer Company, of Erie. Pa., and others, were present, and heard an interesting talk by Dr. Thornton, head of McGill Dental College, who is a Rotarian.

Dr. E. T. Olsen, superintendent of Englewood Hospital. Chicago, who was accompanied to the convention by his son, made a trip to the Montreal Chinese Hospital, a unique institution of the city. It is conducted by the Sisters of the Immaculate Conception and has about 25 beds. All of the patients are Chinese, belonging to the population of 3,000 in Montreal. Because of their prejudice against food served in American style, the cooks are Chinese, and the dishes served are of that character.

Among those who assisted at the venereal dispensary exhibit and advisory service was Dr. C. N. Meyers, formerly of the Public Health Service, who is now with the H. A. Metz Laboratories, New York City.

A welcome to many hospital people from the states, especially those from Pittsburgh, was given by Mrs. F. O. Anderson, formerly Miss Frances Henderson, superintendent of nurses of the Allegheny General Hospital, Pittsburgh. Later she went to the Ross Pavilion of the Royal Victoria Hospital of Montreal, and in 1918 married Dr. Anderson, a leading practitioner of Montreal.

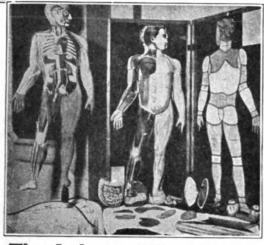
H. E. Webster, superintendent of the Royal Victoria Hospital, and Dr. A. K. Haywood, superintendent of the Montreal General Hospital, invited visitors to the convention to inspect their institutions, and a large number took advantage of the invitation, besides visiting the other Montreal hospitals.

During the convention 99 new personal members were enrolled in the American Hospital Association, including 85 from the United States and 14 from Canada, in addition to two institutional memberships.

Dr. Henry Enos Tuley, superintendent of the Louisville City Hospital, who was present with Mrs. Tuley and their son and daughter, told of the aggressive work which is being done at his institution. Many new clinics have been started, including those for prenatal and nutritional work. Dr. Tuley, who is dean of the Medical Department of the University of Louisville, is chairman of the Louisville Hospital Association, which is meeting twice a month.

In view of the increasing interest in hospital work in the South, the selection of S. G. Davidson, superintendent of the Baptist Memorial Hospital, Memphis, and Miss Alice M. Gaggs, superintendent of the J. N. Norton Memorial Infirmary, Louisville, as vice presidents, was present at the convention and contributed to discussions regarded as particularly appropriate.

Among the well-known hospital architects who were of hospital building problems were Edward F. Stevens, of



The Indestructible Manikin

Smith's American Manikin is indispensable to nurses' training schools and general practitioners. Height about 4 feet (mounted); light but strong; entire weight (including cabinet) is only 28-pounds. The Manikin body, as well as cabinet, made of wood, three-ply veneer, guaranteed not to warp or split. ALL DISSECTING PARTS (33 PLATES) MADE OF STEEL, THEREFORE UNBREAKABLE. This manikin is far superior to charts for practical teaching, besides much cheaper.

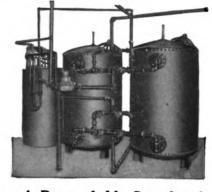
Price (complete with cabinet), \$45.00—(value \$100.00).

Orders never booked "as a sale" before goods meet your full approval after inspection.

Agents for the "Dalrymple" Nurses' (combination) Medical and Fever Charts (fifty sheets to a book).

Price, \$9.00 a dozen books, prepaid.

AMERICAN MANIKIN CO. 240 East 34th St. NEW YORK CITY



A Dependable Supply of SOFT WATER

is essential to the efficient operation of an up-todate Hospital.

Soft Water not only adds to the comfort and well-being of patients, but it **cuts costs** tremendously—the saving in soap, linen and labor paying the water-softening expense many times over.

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Water Softening System

fully meets all requirements of all hospitals, from the smallest to the largest. Its first cost is relatively low, its maintenance cost nominal, and it requires no expert engineering attendance.

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A Successful Operation

and then WHAT?

A careful building up of body and tissues with wholesome tasty foods, properly prepared, and in building to be able to satisfy a craving desire or a delicate appetite—punctually—on schedule.

Is Your Kitchen Co-Operating?

No doubt a large part of your menu is cooked meat, and much of it boneless. It can be prepared in a clean wholesome way, so that its taste is as pleasing to the palate as the meat is nourishing to the system.

In your hospital, you have applied every instrument and device known to science, for accomplishing necessary work quickly and better than can be done with human hands. Don't neglect the second factor of your success—the kitchen.

Let us give you valuable information, gratis!

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Two Bargains in Rubber Sheeting

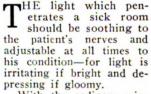
Our Convention Special last month met with such a response from hospital buyers who appreciate unusual values that we are offering another Special, which is even more attractive. Observe these prices:

Orders must be Mailed by Nov. 15 and mention this special offer.

Universal Rubber Corp.

222 North State St., Dept. C. CHICAGO, ILL.

Right Light and Comfort



With the ordinary window shade it is impossible to secure a proper distribution of light. Physicians and nurses who realize this are installing Hartshorn "Two-Way" Rollers equipped

with the celebrated Oswego Tinted Cambric or Triplex Opaque shade cloth. Hartshorn "Two-Way" Rollers operate from the center of the window toward top and bottom—a feature which admits of any desired graduation of light without interfering with ventilation, and insures right lighting conditions at all times.

Write for samples of colors 214 and 204 in Tinted Cambric and Colors 33 and 34 in Chouaquen Opaque which have been analyzed by chemists and adopted by Hospitals of some of the larger municipalities.

Shade ROLLERS AND WINDOW SHADE FABRICS

STEWART-HARTSHORN CO.

General Office: 250 Fifth Avenue, New York City

Boston, and Perry W. Swern, of Chicago. Both reported considerable activity in hospital building.

Miss Harriet Hartry, superintendent of St. Barnabas Hospital, Minneapolis, was at the convention. She is one of the fortunate few who enjoy a two months' vacation annually, but has the advantage of leaving hospital affairs in the hands of a former superintendent, now retired.

Dr. Renwick R. Ross, superintendent of the Buffalo General Hospital, was among the well-known superintendents who were welcomed at the convention. Dr. Ross has completed a new nurses' home for Buffalo General, and has also erected an additional building for patients.

Much interest was shown in the plans and photographs of the new nurses' home and addition of the Buhl Hospital, Sharon, Pa., designed by Charles F. Owsley, Youngstown, Ohio., architect. Miss Cummings, the superintendent, was kept busy answering inquiries regarding the improvements.

Although Dr. Walter D. List, superintendent of the Minneapolis General Hospital, was not able to return home with the next convention landed for his city, he made a fine impression, and believes that the convention will come to the Flour City in 1921. Dr. L. B. Baldwin, of University Hospital, Minneapolis, is the new president of the association, but, of course, is taking no part in the discussion as to the next meeting place.

Dr. C. W. Munger, superintendent of Columbia Hospital. Milwaukee, announced plans at the meeting for the establishment of a social service department at the hospital.

Hospital Helpers Prove Value

(Continued from Page 57.)

dress with white collar and apron seems most desirable. Rubber heels on shoes should be required.

The housing problem seems to be a difficult one for this group, as they cannot be housed in the nurses' residence, and they do not fit in well in the servants' quarters. In most places they live outside the hospital. One or two meals are provided and the uniforms are laundered by the hospital. There seems to arise a question as to where they shall have their meals served. In some places they eat in the nurses' dining room, in others in the employes' dining room.

Salaries for this class of worker seems to vary; but from what I can learn from hospitals employing them, they are paid anywhere from \$35 to \$60 per month for eight-hour duty.

DISADVANTAGES ARE OUTWEIGHED

Without question there are many disadvantages in employing hospital helpers. In the first place they are hard to find, which is, of course, equally true of finding orderlies, waitresses and ward maids. It is also claimed that some of them go out and pose as nurses, charging nurses fees. This is nothing new, however, hundreds of untrained women are doing it constantly, and will continue to do it until proper laws have been made for the protection of the sick public.

It would seem that the advantages of employing helpers far outweighs the disadvantages. In hospitals where graduate nurses are employed it is certainly cheaper to employ helpers to perform household tasks than to require nurses to do them. In others, where the burden of the nursing service falls upon the student body, the helper is a factor in relieving the pupils of much unnecessary routine, and in shortening their hours of duty.

Arsenic and Mercury are Indispensable in the treatment of Syphilis. We recommend

Salvarsan or Neosalvarsan

(Arsphenamine-Metz)

(Negarsphenamine-Metz

powerful and easily administered spirochetecides, which are as efficacious as the imported products;

and

Bichloridol or Salicidol

(Mercury Bichloride)

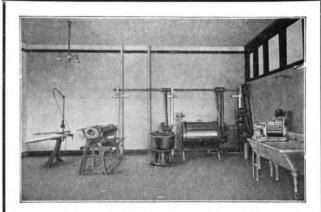
(Mercury Salicylate)

put up in COLLAPSULES (compressible ampules), which insure absolute accuracy of dosage with a minimum of pain after intramuscular injection.

This combination of anti-luetics has no superior in the therapeutic field. Literature upon application to

H. A. Metz Laboratories, Inc.

122 Hudson Street New York



Install the complete equipment pictured above and you will find your laundry expense reduced to a fraction of its former cost. Also, you will then avoid the possibility of embarrassing delays through labor troubles.

Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

American Ironing Machine Co.

Hospital Department

170 N. Michigan Ave.,

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PREVENTION

Prevention is the watchword of sanitary science. This modern science has demonstrated the value of sanitary clean-liness—the cleanliness of health—not only in the cure of disease, but also as a preventative of its spread and dissemination.

The contribution to sanitary science made by the use of



is receiving merited endorsement in the many hospitals and sanatoriums which are daily adding this cleaner to their list of standard supplies.

The sweet, fresh, wholesome, sanitary cleanliness which this cleaner supplies is the real cleanliness of health.

Moreover, it proves most economical. Order from your supply house.

It cleans clean

THE J. B. FORD CO.

Indian in circle

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Sole Mnfrs.,
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"To Be Certain— Burn-It-All"



Enameled sputum cups have to be cleaned. It's unpleasant and - labor costs money. Paper cups can be burned, contents and all.

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once and without expense.

We manufacture all styles of paper sputum cups (fillers) and pocket cups for hospitals. Hundreds of institutions have found them superior and are now using them. ARE YOU?

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SEE THAT THUMB HOLD?

An added convenience for the easy withdrawal of fillers. This covered holder model in polished nickel or lacquer

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The Question Box

Problems in Hospital Administration Dealt With From the Practical Side

To the Editor: Should the board of trustees of a hospital invite the superintendent to attend the meetings? Our board at present does not favor the presence of the superintendent, but I regard it as desirable.

TRUSTEE OF A WESTERN HOSPITAL

While it is true that a great many boards transact their business without the assistance offered by the presence of the superintendent, there is little question that this is advisable. Consideration of the organization of the hospital is sufficient to demonstrate this. The board represents the ownership of the hospital, and the superintendent is the executive empowered by the board to carry out its policies.

All communications connected with the administration of the hospital should come to the board through the superintendent, and the latter should be present at board meetings, not only to report regarding the work of the preceding period, but to advise regarding changes in methods or policies, the development of the various departments, etc.

One of the speakers at the recent Montreal convention of the American Hospital Association said that some boards consider their superintendents as merely exalted clerks. The superintendent who is not sufficiently in the confidence of the board to attend its meetings can be regarded as little more than that.

Furthermore, if the board does not have the superintendent on hand at its meetings, how is it to obtain information regarding the inner workings of the institution? It should be absolutely taboo for any member of the staff, or any one connected with the training school, or for any employe or department head to bring a question or complaint to the board, except through its duly appointed representative, the superintendent, and yet when the superintendent is not present at board meetings, the assumption is that the board is getting its information indirectly through one of the disapproved means.

A formal report offered by the superintendent regarding the work of the hospital, following which the executive withdraws from the meeting, does not furnish the live. suggestive material that board members need in order to plan their work for the development of the hospital along proper lines. The superintendent should be present at all times to give information and advice, and should be capable of leading and directing opinion as to policies. If the superintendent is worthy of carrying the responsibility involved in the management of a hospital, it is fair to assume that he or she can also be trusted to participate in board discussions without loss to the members.

The American Hospital Association has gone on record in this matter, a resolution which was offered during a session of the organization at the Montreal convention, recommending that boards have their superintendents present at all their sessions, having been adopted. The subject, therefore, is particularly timely, and it is to be hoped that hospitals whose executives have been handicapped through the absence of their superintendents from board meetings will make a point of seeing that these executives are present hereafter, not particularly for the aggrandizement of the latter, but in order that the board may be constantly and fully informed concerning its business. the management of the hospital by GOSIC

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Efficient Hospital Administration

(Continued from Page 47.)

- (c) Used in kitchen for crumbling and with wheat flour for crumb muffins.
- 3. VEGETABLES

The outer leaves of lettuce, celery and green onion tops are put into the stock kettles for vegetable soup.

4. APPLE PEELINGS-

These are saved and made into jelly for use in cooking.

5. ORANGE AND LEMON RINDS-

These are candied for peel. We do not buy any peel. This is made principally from oranges used in providing morning orange juice for children.

6. PICKLED PORK AND CORNED BEEF-

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These are saved and returned, for which we get an allowance of 60 cents per dozen.

The above are only a few of the innumerable economies which you can effect in your own hospital by organized effort throughout your department. Before passing on I want to leave one thought with you, and that is, to ever keep your eyes on your garbage tins. Inspect them regularly yourself. Here is where you get your key to wastage, especially in food and dressings.

(g) Institutional Thieving.

This is a common practice, and I would not be exaggerating much when I say it is carried on more or less in all hospitals. During my nine years' administration I have caught it several times and frequently from unsuspected sources. Hospital employes in some institutions take things home for their own use and occasionally for commercial purposes. The former usually applies to edible supplies, but the latter to linen, drugs, instruments, etc. No doubt a great deal is taken away by the public. I do not know what to recommend. We have employed detectives on many occasions and found that we were the best detectives ourselves.

Finally, in leaving this subject of practical economies, let me recommend that you look for every possible source of wastage and institute every possible measure you can for conservation and reclamation.

HOSPITAL PUBLICITY

The best publicity you can give your hospitals is to send your patients out well pleased. This means competent care, a happy stay in the hospital and a good result. One patient tells the other, and thus it goes. On returning home the friends and neighbors all hear the hospital story, whether good, bad or indifferent. Therefore, see that the hospital renders the highest type of service possible, which will develop a public confidence in it. If this is accomplished you can enlist the sympathy of the public for any support you want.

I want particularly to emphasize the press as a medium of educational publicity, and if you treat them right you will secure their support and co-operation. Information from the hospital of general interest can be given to the press, so long as private matters or confidences are not disclosed. Information as to accidents and to the work of the hospital generally, especially any extension or new work, is very acceptable. Do everything in your power to make the community feel a pride in their hospital.

During the past year I have issued various hospital bulletins containing interesting data to familiarize the patients and the public with hospital work. Lantern slides and "movies" render great service in publicity. In all hospitals a campaign of publicity should be carried on.

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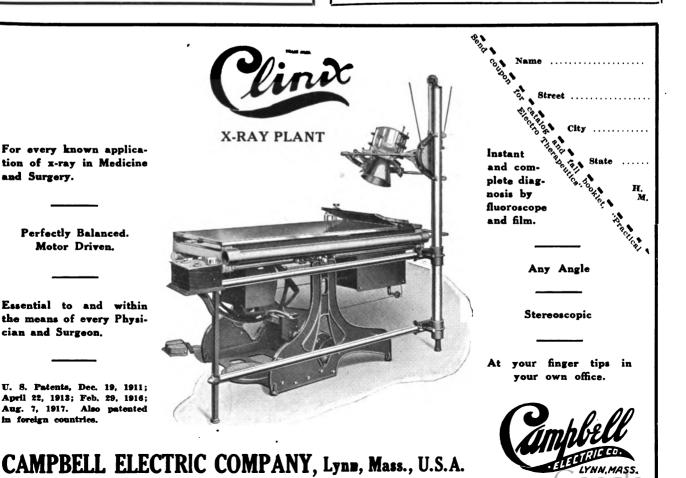
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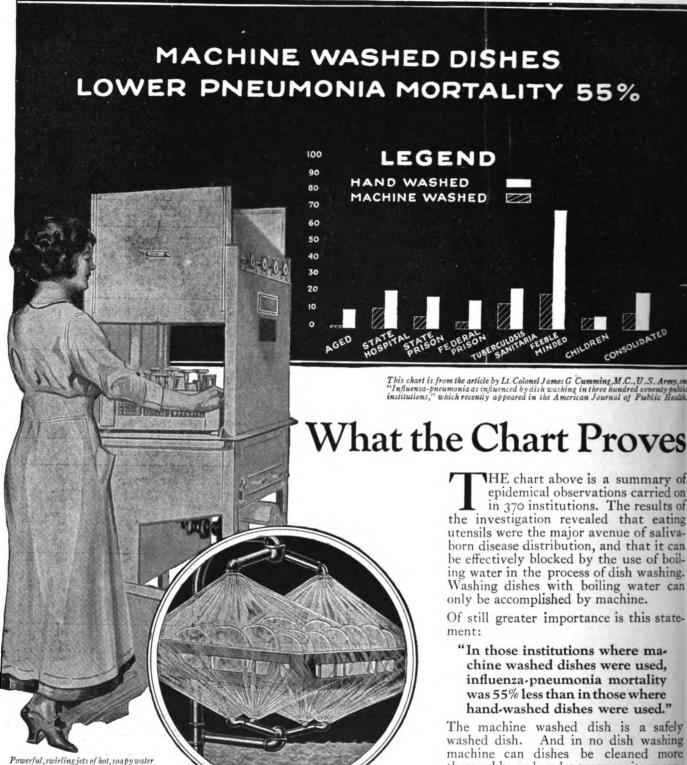
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Vol. X November, 1920 No. 5

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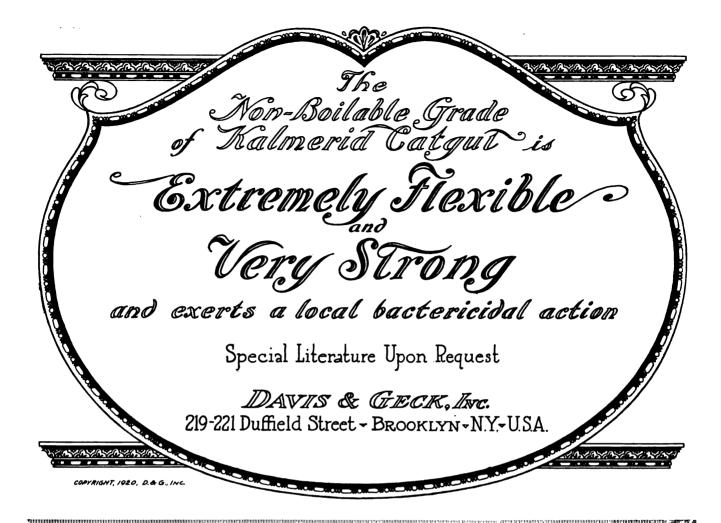
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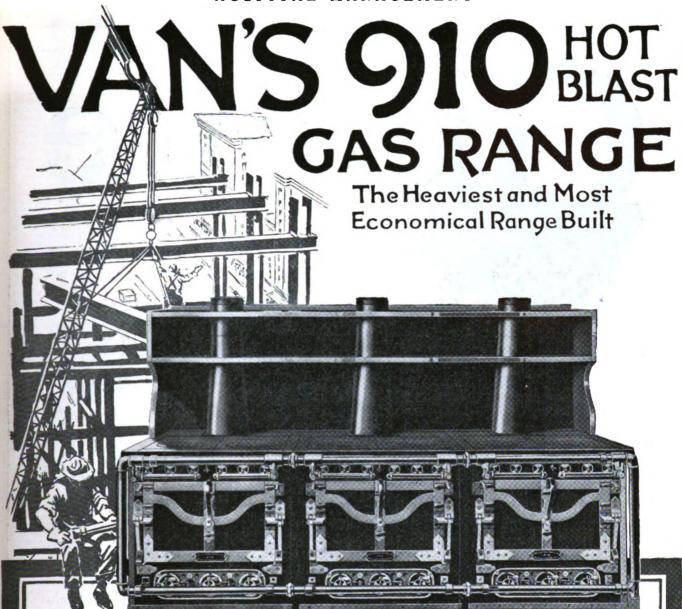
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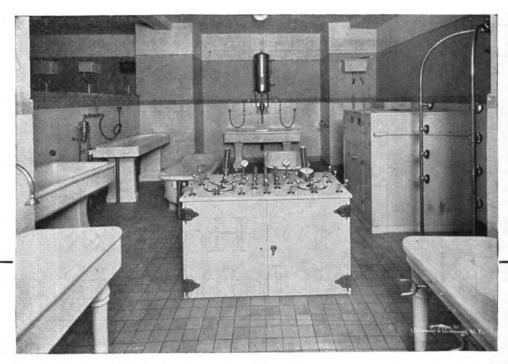
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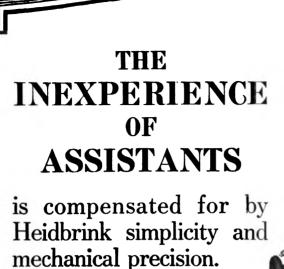
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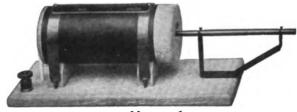
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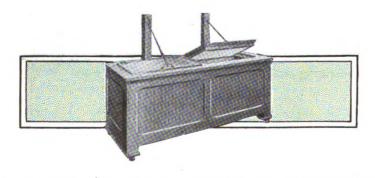
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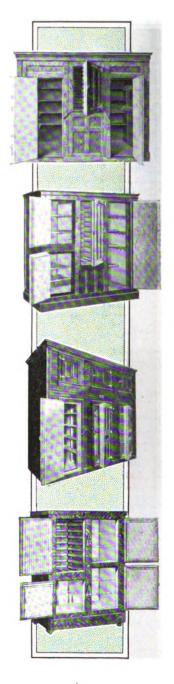
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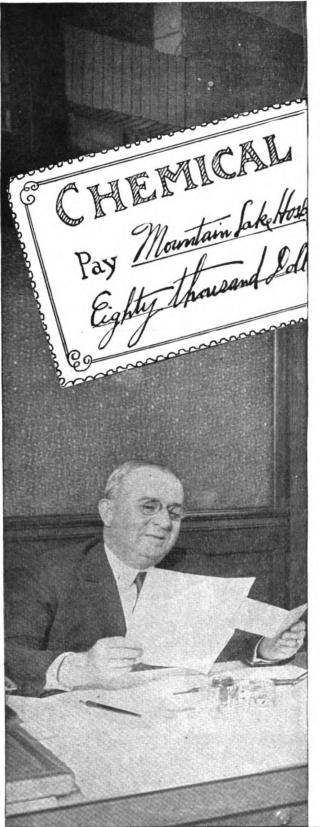
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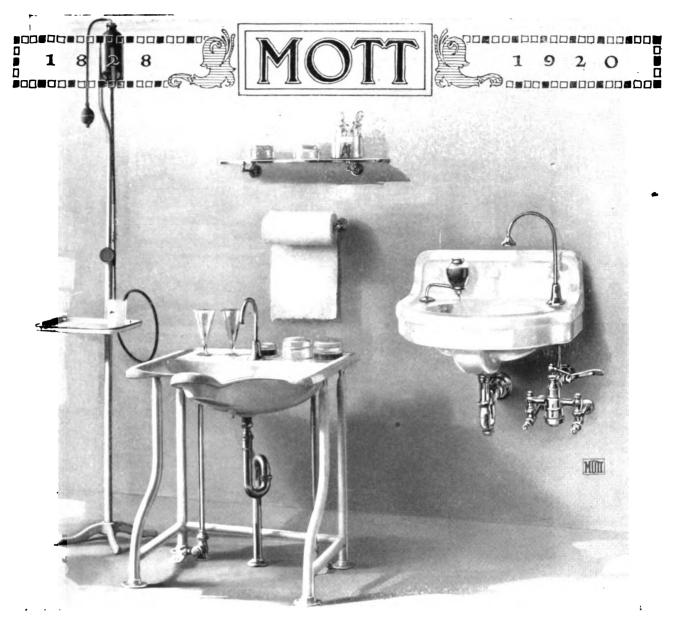
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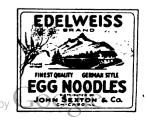












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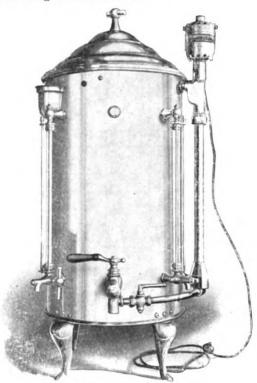


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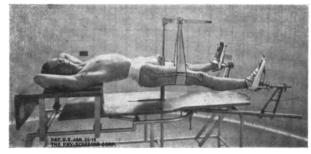
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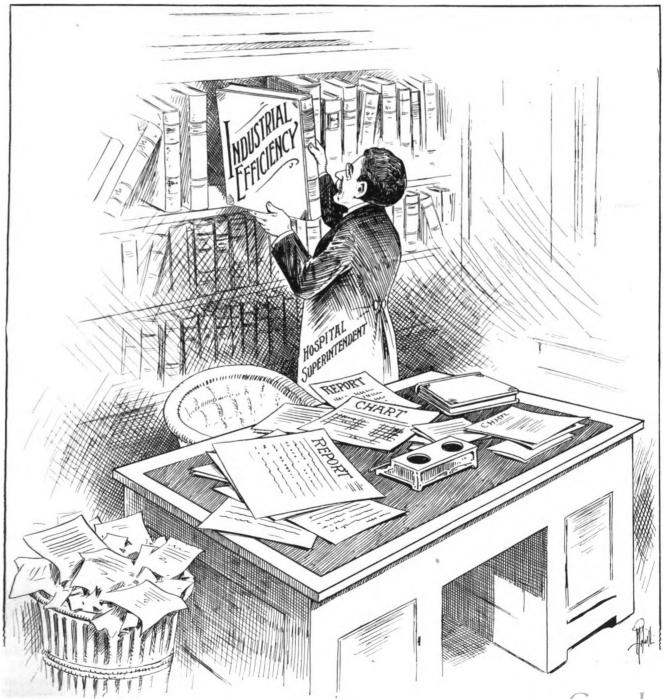
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American Dietetic Association Meets

Good Attendance at Third Annual Convention in New York; Mrs. Mary De Garmo Bryan Elected President

The third annual meeting of the American Dietetic Association was held at the Hotel McAlpin, New York, Oct. 25-27, about 400 visitors being present from many sections of the country.

Many phases of dietetic work were outlined by leaders in the field, and the spirited floor discussion which followed the reading of papers demonstrated the eagerness with which dietitians, including those connected with hospitals, are seeking knowledge of the advances being made in dietetics.

Prof. Lulu Graves, Cornell University, the retiring president, was elected honorary president, the association taking this method of expressing its appreciation of her work.

The officers elected were:

Honorary President—Lulu Graves, Cornell University. President—Mrs. Mary De Garmo Bryan, Jersey City.

First Vice President—Dr. Ruth Wheeler, Goucher College, Baltimore.

Second Vice President—Rena Eckman, University Hospital, Ann Arbor, Mich.

Secretary—Miss E. M. Geraghty, University of Illinois. Treasurer—Ellen M. Gladman, Jefferson Hospital, Philadelphia.

Between now and the next meeting an effort will be made to clarify membership qualifications and a vote is to be taken by mail on revision of the by-laws in this and other respects. There is a feeling that the association should be more of a professional organization than in the past.

Invitations to hold the 1921 meeting were received from the Chicago Dietitians' Association and the Minnesota Dietetic Association, the latter on behalf of Minneapolis. The executive committee is to select the place of meeting later.

EQUIPMENT IS DISCUSSED

Monday morning was given over to registration and the meeting of committees. The afternoon session was devoted to discussion of menu making in its economic aspect, and of labor-saving devices in the preparation of food and its service. Experiences with dish washing machines also were recited.

The chairman was Miss Mabel C. Little, instructor in institutional economics, University of Chicago, and dietitian Marshall Field tea room, Chicago.

Discussing the preparation of menus for hosiptals, Miss Marguerite Deaver, dietitian at Mount Sinai Hospital, Cleveland, declared it was a difficult problem because of the economic restrictions imposed.

"Patients who certainly are not in normal health and to whom food tastes abnormally should have the best the market affords." Miss Deaver declared. "Yet, when one is pinned down to the 18-21 cents per patient per day ration one is not able to do much in the building up of the dietary department."

Other important elements, the speaker pointed out, were the need of help to prepare food and of cooks who could carry out directions.

A third essential was that of preparing food attractively, Miss Deaver stating that the psychological effect of the food tray was not sufficiently appreciated.

"Yet it is of much importance, and, while many will not agree with me, of far more importance than food values. I would never serve a meal of high food value unless that meal was attractive. For instance, salad has not food value, but it is appealing. Of what use to send a food tray to a patient which has the necessary food value if the patient won't touch the food because the appearance of the tray is not attractive?"

Miss Deaver said it was her custom to plan menus a month ahead and that she made only a few changes except occasionally in her suppers, due to disposition of leftovers

Breakfasts for the thirty-day period are prepared first and then the remainder of the menus are completed day by day, the selection of the soups going to the last to avoid duplication.

Using leftovers is not a difficult task, the speaker said, as they can be worked up for the employes' dining-room, there not being sufficient for nurses.

MENUS FOR SPECIAL OCCASIONS

In preparing menus for special occasions such as holidays it was good practice, Miss Deaver said, to have them appropriate for the particular festival. This has a splendid effect on patients and often persuades them to eat when an ordinary food tray would repel them.

"I consider food value, but I think of other things first. I couldn't conceive of a continuous daily breakfast menu of fruit, cereal and eggs, which was what I found when I came to Cleveland. I changed that to eggs twice or three times a week on alternate days, and always eggs with a dry cereal, but not with cooked. As an alternative to eggs broiled ham or bacon is served to private room patients."

For dinner Miss Deaver's menus call for soup, chops or roast beef or chicken, potatoes, green vegetables, salad and dessert.

"Don't give patients a choice; they don't want to have to do the choosing. There are occasions—for instance, when fish is on the menu—when it is wise to serve chops when ordered, and serve them without extra charge."

Miss Deaver confided that nurses were hard to please. "But we never have complaints from the help, because a year ago we quit feeding them and had them eat outside. They came back because they could not get along on the money allowed them and were too happy to complain."

The speaker thought the reason why nurses and doctors were inclined to complain about food was that they were made irritable all day long from complaints of patients and worked off irritation on the food. "If they had to pay for meals complaints would lessen. It would be wonderful if we could introduce the paid meal; it would avoid much waste."

LITTLE DIFFERENCE IN WARD FOOD

Miss Deaver said there was little difference in the food served to ward and private room patients, except that the former did not get chicken or salads. In the summer. however, ward patients do get lettuce. Grape fruit was not served in the wards because they could not be prepared in sufficient quantities; yet every patient gets some kind of fruit.

Taking up the question of costs, Miss Deaver said it was 23 th cents per capita per meal for each patient. The help is fed on the cafeteria plan. There has been a steady increase in the per capita cost and it is now up to 35 or 36 cents. These figures include food cost, labor (of her staff) and of the linen which is charged to the dietary department.

Miss Deaver's talk had been preceded by a paper on cafeteria service in restaurants and it was developed that that system permitted of a more rapid service of food with considerably fewer employes in comparison with the waitress system. Miss Deaver contributed to the discussion the statement that the introduction of the cafeteria plan in Mount Sinai reduced by half the number of employes.

CAFETERIA DECREASES NUMBER OF HELP

Miss Emma Baker, Whittier Hall, Teachers' College, New York, said that in the institution's dining-room where service was rendered the basis of service was one employe to twenty-four persons, as against one to sixty with the cafeteria plan.

A dietitian in charge of a tuberculosis sanitarium at Allentown, Pa., stated that the cafeteria plan effected little reduction in help, but provided food economy. Two ambulant messes are maintained, one for 350 and a second for 400. Cold dishes are set up on table, but hot food is served from steam tables, there being two of these for each mess, with three maids in attendance at each.

Miss Little brought up the matter of electrical equipment and said that it has proved satisfactory at Marshall Field's. Tests showed that there was a difference of two minutes between gas and electricity in heating food, gas requiring less time.

Miss Little asked Miss Elna Becker of the Hotel Pennsylvania to tell of her experiences with electric ranges and oven in the hotel kitchen used for preparing food for the help. Miss Becker stated three ranges and an oven had been in use two years and, while they had to be repaired occasionally, had performed satisfactorily. They heat quickly, she added, and had to be watched to guard against burning. Food for 2,300 meals daily is prepared on this equipment. The management is adding electric ranges and ovens for other kitchens.

Miss Little said that the cost of electricity as against gas depended on the amount of current consumed, as it became cheaper in proportion to the quantity used. Initial cost of electrical installation is considerable, she added, but its upkeep is not high. While current costs more than gas, its heat retaining power exceeds that of gas.

ELECTRICITY CHEAPER IN CANADA

Miss Maude A. Perry, of the Montreal General Hospital, said her experience was that electricity was cheaper in that country than in the United States. She pointed out its economy from the standpoint of being able to use three degrees of heat, and that maximum heat was seldom required. Miss Little added that a \$1,600 Edison electric oven will pay for itself in two years.

Miss Little opened a discussion on washing machines, saying they perhaps were the greatest of labor-saving devices.

The Crescent, Autosan, Hamilton-Low and Blakesley machines were among those referred to by speakers as having proved satisfactory. One speaker declared that the belt type of washer was superior to the basket type because of the saving of time effected. Durability of the two types was emphasized, one speaker asserting that the belt type

could be depended upon not to break down during meals. Washing machines constructed of copper came in for criticism because of the time required to polish them. A_S a smaller type machine the Crescent was said to be very satisfactory. A type of machine which has its racks equipped with pegs was declared to be unsatisfactory because such pegs break off easily.

Another speaker had high praise for the Buffalo meat chopper, saying it saved the time of two persons.

The Crescent machine was excellent for washing glass and silverware, it was stated, and the Blakesley did good work with other dishes. During the discussion a new type of washing machine in use at the Hotel Pennsylvania, the invention of members of the engineering staff, was described as being an entirely new departure because it eliminated the use of soap.

DESCRIBES FOOD CONVEYOR

Miss Deaver was asked to describe her experience with the Toledo food conveyor carts in use at Mount Sinai, Cleveland. The Toledo is fitted with six large wells and three small ones, the wells being fitted with racks for trays. These are placed in the carts which are taken to the various floors and food reaches patients absolutely hot or cold, if the trays contain cold stuff.

"These food carts have worked wonderfully with us," Miss Deaver declared. "Formerly food trays traveled on elevators for from fifteen minutes to three-quarters of an hour, and often had to be reheated, and were sometimes scorched."

Miss Walker, of the women's surgical ward, Mount Sinai Hospital, New York, and the Toledo carts were in use for that ward, and were taken into the ward and food served directly from them. This system did away with the burning of food after it was taken away from patients. which was the rule under the former method of placing it on steam tables in ward pantries.

Miss Deaver said dishes were warmed in the diet kitchen ovens, and all dishes except saucers, bread and butter plates and sugar bowls are kept in the diet kitchen. She said if cooker carts were to be used in open wards they should be taken there and food served directly from them.

Miss Deaver described the system of dish-washing in use at Mount Sinai. There is a central dish-washing room equipped with two Crescent machines in which all dishes from the private and (staff and nurses') dining-rooms are handled, two persons doing the work for dishes used by 350 persons in two to two and a half hours.

MAID CARRIES TRAYS

When trays are served a maid carries them to an automatic elevator, which brings the dishes to the kitchen, where they are unracked. Dish-washing racks are kept in a room near the nurses' dining-room and there the dishes are scraped and returned to the washing-room. Miss Deaver said she found the Tahara burnishing machine to be a most valuable piece of equipment. One person operates it and cleans all the silver in fifteen to twenty minutes. She declared it was the only way to get silver positively clean and that it came from the machine spotless and untarnished.

Discussing trays, Miss Deaver recommended those of papier mache, saying she had used them in one hospital for nine years and but two had been ruined in that time. Trays 20x24 are used in the Cleveland institution, but these, Miss Deaver said, were too small.

Questioned further as to the food carts, Miss Deaver explained that soup, dishes, bread, butter and water go up in one cart and the rest of the food in others. Butter is

placed in containers. The advantage of the cart of the pantry system of service was in saving of food in that only sufficient food was provided for the number of people on lists, preventing additional meals being ordered which were consumed by others not presumed to receive them. The cart system also prevented spoiling of food in its return.

Miss Pipes, Hartford Hospital, Hartford, Conn., asked how tipping over of the carts could be avoided, and Miss Deaver said this had been overcome by placing standards on them to get balance. An objection to these, however, was that they constantly broke off in getting carts into elevators. Miss Perry said that a third wheel under the drawer of the cart would do away with tipping.

Another food cart was described by Miss Minot of Philadelphia Public Service Hospital, this being of vacuum type, with eight large containers and nine small ones.

Miss Little, closing the afternoon session, said she had had satisfactory experience with the Niagara dish-washing machine, and that personally she favored the basket type of machine because of the difficulty of removing dishes from the machine of the belt type.

REVIEWS WORK OF ASSOCIATION

On Monday evening Prof. Lulu Graves, Cornell University, president, delivered an address of welcome, reviewing the work of the organization for the past year, and submitting recommendations for expanding its activities. Prof. Graves' paper is given, in part, elsewhere in this issue.

Following Prof. Graves' talk, Dr. Alonzo E. Taylor, University of Pennsylvania, spoke on present day economic phases of dietetics, and cited problems that are arising because of the high prices of foodstuffs. The speaker recommended a smaller amount of meat, imported fruits and vegetables, and manufactured sugar products as advisable in meeting the cost question of dietetics, and urged the use of a greater quantity of bread and milk.

Of particular interest at the Tuesday morning session was the talk of Mrs. Mary De Garmo Bryan, Jersey City, on "Dietetics and the War." Mrs. Bryan, who did dietary work at army hospitals in France, presented an eloquent picture of problems that confronted the war dietitian.

She made a plea for giving rank to army dietitians, stating that if this were done mess officers would not be necessary.

Mrs. Bryan described the insufficient help supplied her and how she had rebelled at the punishment details sent to the kitchens. Other difficulties were the irregularity and monotony of the food supply, and constantly shifting numbers of those to be fed. When food was short a big convoy unexpectedly arrived to be fed, and when the food was ample the army of prospective eaters would suddenly be ordered away.

The war made no changes in dietary matters, but served to develop strength and weaknesses and the means for correcting the latter.

COOKING CAUSE OF DISSATISFACTION

"The colleges should teach knowledge of food principles, how to cook on a large scale, quantities of food to be given normal and abnormal persons," declared Mrs. Bryan. "A student should be taught how much meat or peas was necessary for 500 persons. Two-thirds of the dissatisfaction in army hospitals came from the cooking.

"Colleges also should teach the principles of nutrition, and they should also have a course in institutional management. Students plunge into hospital work with no foundation gained in college. College faculties should advise with and place students in proper courses. Cafeteria work and institutional management are necessary to intelligent hospital work."

Mrs. Bryan insisted that the supervising hospital dietitian should give pupil dietitians practical application of dietary work. She decried the practice of confining student dietitians to the preparation of custards and special diets for patients they never see, nor whose condition they do not know.

"Physicians should co-operate with the dietitians and student dietitians to the fullest possible extent, give lectures and keep the beginners in touch with patients receiving special diets."

She recommended that dietitians should take a year's course in nursing, be placed in charge of wards and be given opportunity for specialized training. In some hospitals, the speaker asserted, dietitians were limited to the preparation of special desserts and delicacies for private room patients.

Mrs. Bryan urged that the hospital dietitian should develop individual initiative and work to do away with the antagonism and friction which her work meets with from the nurse.

Miss Margaret Sawyer, Red Cross dietitian at Washington, in the open discussion following Mrs. Bryan's talk, said:

"Hospitals have to appreciate that some one must direct. Is it reasonable to expect one dietitian to do everything to supervise service, care of the food, menu making and the rest? One cannot be expected to do the work of twenty; she has the right to feel that maids, nurses and others should do some of the work. One dietitian in a 500-bed hospital is not sufficient."

Miss Katherine Fisher, Teachers' College, New York, stressed the need for a practical curriculum in colleges, saying that in Boston third-year pupils were given actual practice in dietary work under a supervisor. Teachers' College is now devoting half of a student's time to practical work, she said, and it would be well if an entire semester could be set aside for practical work.

Miss Hall, dietitian at Peter Brent Bringham Hospital, said that with all the duties imposed upon her, it was impossible to give time necessary for student direction. "Even with two assistants we are unable to give the necessary attention. We do all the buying, hire the help, try to visit wards, work with head nurses and discuss food problems with them, and also take charge of student dietitians."

The section on social service held its discussion Tuesday afternoon, the chairman being Miss Blanche M. Joseph, field dietitian, Michael Reese Hospital, Chicago.

The first speaker was Miss Theresa Clough, supervising dietitian in Illinois state institution. Reviewing conditions in state institutions, Miss Clough said:

"Many times both patients and employes are living in the times of their grandfathers so far as food habits are concerned. But the larger part of the fault lies with the dietitian herself, and with those who train her. So few of our colleges and universities give a real dietitian's course. They are training teachers of home economics with a course adapted to that end.

"Several hospitals, recognizing the need of properly trained dietitians, and that the young graduate does not usually possess the necessary training, have established courses for student dietitians, but all too often they met this situation just as they met that of the nurses' training schools, and used their student dietitians as a means to get the drudgery of the diet kitchen performed in an efficient manner for less money than unskilled labor would have cost them.

"If we are to continue to regard our institutions as a place where the patients are to be confined and cared for

with the least possible amount of trouble to those charged with their care, the fact becomes of minor importance; but if our institutions for the care of the insane and feeble minded are to become small communities where life is conducted in a manner nearly approaching normal with only reasonable supervision, and if our reformatories and penal institutions are to return their charges to society at least no worse than when they were committed, then proper food becomes of supreme importance, and the dietitian is as truly a social service worker as those working in the department usually designated by that term."

Miss Clough said that her work consisted of supervision of, and responsibility for all food in the institutions under the Department of Public Welfare; determining the proper kinds, amounts and quality to be purchased; co-operating with the farm and garden consultant in regard to food raised on the grounds, inspecting, care and storage of food, passing upon kitchen plans and equipment, supervising the character of the dietary, cooking and serving of food, and the elimination of waste. There is a resident dietitian in each institution.

"So far," Miss Clough said, "the greatest emphasis has been placed upon securing a proper basic dietary and which has been adopted after consultation with food experts."

The kitchen, bakeshop and dining room of the new prison at Joliet, Miss Clough stated, would be electrically equipped. Ceilings will slope four ways towards a long central monitor to carry off steam, and monitors, and ceilings also, will be insulated to prevent steam condensation.

The dining room is to have cafeteria service with steam tables built as carts that will go to kitchens to be filled directly from cookers, and then slip into a place in the service station between the clean plate racks and the coffee urns.

Waste accounting at the state reformatory, Miss Clough stated, over a fifteen-day period, showed an average daily plate waste of two tenths of an ounce per man. This was not due to a small amount of food served, but to management

"Social Service in Dietetics" was discussed by Miss Fairfax T. Proudfit, University of Tennessee, who described her out-patient dietetic work at the Memphis General Hospital.

Miss Proudfit said, in part:

"Since the dietitian in the hospital knows nothing of the patient until she meets him in the hospital, it is evident that some one is needed to connect the in-patient and the out-patient department of the hospital. The public health dietitian bridges this gap. She must win her place and gain the confidence of her people. In the dispensary she must weigh and measure the patients, attend the metabolic clinic, learn something of the family of the abnormal patient, and so on. While the large amount of clerical work is necessary, in order to get case history, it seems essential to let a trained person do this clerical work, because while doing so, she becomes acquainted with the patient, learns something of his family and something of his home and food habits. Much has been done in Tennessee for the poor by an assistance in adjusting the budget and in teaching right living."

Mrs. Ira Couch Wood, director of the child welfare work of the Elizabeth McCormick Fund, Chicago, told of the work her organization is doing among school children found to be undernourished. She stated that the percentage of such children was 40 per cent, and that a higher percentage of mal-nutritioned children was found among those of the well-to-do than among the poor.

Tuesday evening papers were read, on "Diet and Denti-

tion," by Dr. W. J. Gies, College of Physicians and Surgeons, Columbia University; on "Attacking the Food Problem from the Red Cross Center," by Dr. E. A. Peterson, Director of Health Service, American Red Cross, Washington, and by Dr. Max Kahn, Post-Graduate Medical School and Hospital, on "The Problem of the Dietitian and the Out-Patient Poor."

Dr. Gies' talk concerned chiefly the effect of certain foods on the health of the teeth. Dr. Peterson told how the Red Cross is putting its wartime machinery to the task of educating the public to a knowledge of diet. He told of the growth clinics that are maintained to weigh and measure children and how the public is being taught how children's defects may be remedied by proper diet.

Dr. Kahn called attention to the fact that many diabetics were elderly and oftentimes unable to pay for the foods which might be prescribed. Their age and disease has made them dependent upon charity. The question is, how shall they be treated without money?

Dr. Kahn's idea is to give the dietitian a budget from which she may draw to assist these patients. He also recommended that in giving out this food the dietitian give a little more than is actually needed, otherwise a parent may use the food intended for herself for a needy child, thus the diabetic parent is not really being treated.

The dietitian should always recommend to those people the foods that are at that time in season so that they may be bought cheaply, he added. She must visit the home of the sick, or have classes for these at the hospital. She must never lose sight of the religious factors. If she will constantly recognize the prejudices against certain foods, by certain people on account of their religions, instead of belittling these prejudices, she will progress more rapidly. Dr. Kahn recommended that the dietitian know the religious laws of the Jews. She may easily get these laws by reading the 14th chapter of Deuteronomy.

ASKS CO-OPERATION WITH HOSPITAL BUREAU Prof. Graves opened the Wednesday morning session with an announcement regarding the hospital library service bureau of the American Conference on Hospital Service, reading a letter from Dr. Frank Billings, president of the Conference, who asked the co-operation of the American Dietetic Association in formulating the bureau. Dr. Billings stated that through the bureau it was planned to give hospitals information of all kinds, including that of interest to executives, data about books and magazines publishing material relating to hospitals, reports, architects' plans, blueprints, equipment, and that the scope of the bureau would be wide enough to serve all departments of the hospital. It was stated that the Chicago Dietitians' Association already had availed itself of the service of the bureau.

Prof. Graves suggested active co-operation with the bureau and appointed a committee consisting of Miss Lucy Gillette, Miss Maude A. Perry and Miss Anne Upham to study the matter.

The first speaker at this session was Dr. Katherine Bement Davis, former commissioner of corrections and general secretary, bureau of social hygiene, New York, who spoke on "Dietetics in Public Institutions." Most infractions of discipline in corrective institutions, Dr. Davis said, were due to dissatisfaction with food which nearly always is served cold. In New York city institutions, up to a few years ago, food was prepared by prisoners, assisted by cooks. Later a dietitian was employed.

Miss Emma Gunther of Teachers' College told of the opportunities for executive dietitians in colleges.

Miss Hilda Croll, Women's Medical College, Philadelphia, dealing with research in dietetics, reviewed the work that has been done in this respect in the last ten years with special regard to diabetes and typhoid. She summarized her talk by saying a great deal could be done to improve diet lists, introduce palatability and variety so that patient will be content to remain on diets. "Let the hospital dietitian co-operate with the doctor in working out the details of dietary planning and then work them out in the diet kitchen," she asserted.

The meeting of the section on teaching occupied the association Wednesday afternoon, the chairman being Miss Katherine Fisher, Teachers' College.

Discussion of a curriculum for student dietitians took up most of this session, but the final details of this standard course of study will not be announced until later.

In the absence of Miss Lenna F. Cooper, Battle Creek Sanitarium, owing to illness, the tentative report of the committee on curriculum was presented by Miss Charlotte Addison as acting chairman, her associates being Miss Fisher, Miss Stewart, Illinois Training School, and Miss Perry, Montreal General.

During the consideration of the report Miss Fisher brought out that there were 1,600 schools of nursing in this country, with 50,000 students, and that there were 10,-000 graduates in hospitals.

REVIEWS DIETETIC LITERATURE

Dr. Ruth Wheeler, nutritionist at Goucher College, Baltimore, reviewing dietetic literature for the year, had kind words for most of the periodicals devoted to the subject, but warned her hearers that unless they read with mental reservations (and this applied to young students particularly) injury might come to them. Most textbooks, she declared, were inaccurate and misleading.

In her discussion of literature available for dietitians Dr. Wheeler referred to Hospital Management as one of two really good magazines on mechanical equipment and man-

Miss E. M. Geraghty, the secretary of the association, presented her report, telling of the work her office had done for the year, and at its conclusion she was warmly applauded. Miss Fisher was so much impressed with the labor imposed upon the secretary that she exclaimed that the association should have a paid secretary. Others endorsed her suggestion, and a motion to establish such a post was enthusiastically adopted.

According to the secretary's report in February 4,406 letters were sent, outlining activities of the association to the superintendents of leading hospitals, nutrition experts, physiological chemists, deans of medical schools, pediatritians and doctors specializing in internal medicine, and heads of home economics departments. These letters elicited prompt replies, expressing a spirit of co-operation and appreciattion of the work being done by the association.

In May a questionnaire covering the salient points in the work of the dietitian was sent to every hospital dietitian who was a member of the American Dietetic Association and the superintendent of every important hospital where the dietitian was not a member of the American Dietetic Association. These questionnaires number over 500. Three hundred and six replies were received with necessary information. Twenty per cent were from dietitians and 80 per cent from superintendents. Every questionnaire received from a hospital superintendent was accompanied by a cordial letter, expressing interest in the data to be obtained by this survey, and several asked that they might receive a copy of the information gained if published in pamphlet form. From information obtained on this questionnaire an outline of the course of training for student dietitians given in every hospital re-

turning the questionnaire was compiled, and sent to the heads of home economic departments in the leading schools and colleges.

Miss Fisher, for the educational committee, submitted a report recommending that Dietotherapy Section be changed to Section on Hospital Dietetics. This was adopted.

Miss Geraghty, as chairman of the committee on standardization of training for dietitians, stated she was not prepared to submit a report, and it was voted to continue the committee in office.

Revision of the by-laws, to include definite provisions as to membership qualifications, was recommended by Dr. Ruth Wheeler, in reporting for her committee. She declared that the association should be actually professional in its membership, urging that greater prestige and influence would come to it if the standards were fixed. It was agreed to submit this and other propositions to members by mail.

Prof. Graves presided at the Wednesday evening meeting, and was presented with a bouquet of American Beauty roses. Dr. Roger Dennett, assistant professor in the diseases of children, Post Graduate Hospital, New York, spoke on "Some Dietetic Problems of Infancy and Childhood," dealing with the medical phases of the subject.

HEAR TALK ON MEAT BUYING

The association wound up its sessions with a meeting at Teachers' College Thursday morning, hearing a talk by John H. Kelly, Dorr Markets, Boston, on "Economic Aspects of Buying Meats."

An interesting feature of the meeting was the commercial exhibits. These exhibits were well selected and tastefully arranged. Exhibitors themselves were well trained in presenting the favorable points of their products, and in a number of cases made the exhibits educational. Those who reserved display space were:

Blanke Sales Company, tea, coffee and spices, St. Louis, Mo.

Calumet Tea and Coffee Co., tea, coffee, gelatin, desserts and baking powder, Chicago.

Coast Products Co., canned fruits and vegetables, St. Louis, Mo.

Couch & Dean, New York, "Autosan" dish washing machine.

Creamery Drv Products Company, powdered butter-

milk, Quincy, Ill. Crescent Dishwashing Machine Company, Rochelle, N. Y

Fleishmann Company, veast, New York. J. B. Ford Company, Wyandotte Cleaners, Wyandotte. Mich.

General Chemical Company, Rizon baking powder. New York.

S. Gumpert & Co., chocolate pudding, Chicago. Genesce Pure Food Company, iello, Le Roy, N. Y.

Horlick's Malted Milk Co., Racine, Wis.

HOSPITAL MANAGEMENT, Chicago.
Hobart & Co., mixers, Troy, Ohio.
Hanson's Laboratory, junket. Little Falls, N. Y.
Hoffman LaRoche Chem. Co., soluble protein milk products, New York.

Keystone Instant Food Company, Inc., hash, soups, broths and puddings, New York.

King's Food Products, dehydrated fruits and vegetables. Portland, Ore

J. L. Kraft & Bros. Company, Elk Horn cheese. Lyons Sanitary Urn Company, milk and cream urn, New

Mellin's Food Company, infant food, New York.

Modern Hospital Publishing Company, Chicago. Morse & Burt Company, cantilever shoes, New York. A. F. Patte's, "Dietetics for Nurses."

Royal Baking Powder Company, New York. Strite Automatic Toaster Company, Minneapolis, Minn. American Laundry Machinery Company, Tahara bur-

nishing machine, Cincinnati, Ohio. Welch's Grape Juice Company, Westfield, N. Y.

Urges Closer Contact with A. H. A.

Retiring President of American Dietetic Association Tells of Value of Co-operation; May Meet with Hospitals

By Prof. Lulu Graves, Retiring President, American Dietetic Association

Although the American Dietetic Association is a two-year-old developing into a three-year-old, other professions and organizations assume that we should be vigorous and strong, no doubt because we are expected to have proper stimulation and nourishment, and have treated us accordingly. As a result our record shows a gratifying healthy state of affairs, and while we have often been puzzled by situations in which we found ourselves we feel that we are better equipped to meet whatever the coming year may bring to us. We shall try not to bore with details which are uninteresting, but will mention a few things which have been accomplished during the past year and a few which have been begun.

Our membership has practically doubled, from 200 to 400. The Committee on Standardization of the Work of the Dietitian, Miss Eckman, chairman, reported at the last meeting and offered a set of resolutions with the suggestion that, if the association adopted these, a copy be sent to hospital superintendents, training schools for dietitians and specified members of the American Medical Association. The resolutions were adopted at that meeting and letters were sent to the above named persons. A number of replies have been received, and we are convinced that a sufficient number of hospitals are ready to do their part in establishing such a standard to justify the association in taking further action.



PROF. LULU GRAVES

The executive committee expressed a wish that the president attend the American Hospital Association meeting at Montreal. Frobably the most noticeable thing at that meeting was the number of superintendents who asked

why the American Dietetic Association did not meet with the American Hospital Association this year, and if they were going to do so next year. We were given no specific place on their program this year, but several times various angles of the dietary department were discussed. My suggestion would be that whether or not we meet with the American Hospital Association in the future, that we always have as strong a representation as possible at their meetings. It gives an opportunity to meet many superintendents and get their viewpoints, and at the same time present our own ideas to them. It is both pleasing and surprising to find so many hospitals giving serious thought to their dietary departments, and to learn how many are asking for the better trained woman who can put them on a higher plane.

ADMINISTRATIVE DIETITIONS IN DEMAND

As for the administrative dietitian the demand exceeds the supply to as great an extent in this field as in that of the hospital dietitian. Commercial firms and hotels are realizing the value of the woman with training in foods. During the past year some of our members have accepted positions of this nature which are full of promise. One of our members, Esther Ackerson, formerly dietitian at Michael Reese Hospital, Chicago has gone to the Chicago Beach Hotel, where she is establishing a dining room for children, since a large percentage of this hotel's patronage is that of the family. Later Miss Ackerson is to develop a service for people desiring diets for special diseased conditions. Miss Elna Becker is dietitian at the Pennsylvania Hotel of New York. Miss Upham, another of our members, is with the United States Rubber Company as dietitian.

As we are talking of the urgent call for dietitians, and as we find that her work is receiving more recognition, we must not forget that the call is for better trained dietitians. The past few months it has been my privilege to visit many hospitals and talk with many hospital superintendents and medical men throughout the Middle West and on the Pacific Coast. We of the east usually speak of dietetics in that part of the country as only just being taken up, and to a great extent we are justified in doing so. But I found that nearly all with whom I talked were eager for this work to be put on a very high plane, and furthermore, they were willing to do their part to put it there. The need is just as great today as it was a year ago when I emphasized to the members of this association the responsibilities of the college training women for dietetics, and of the hospitals offering student dietitian training. We shall not have well trained dietitians until these two institutions get together in formulating a course of training which will be of benefit to both.

A most significant occurrence is that two men, one prominent in the medical world, and the other one of our leading nutrition experts, recently offered advice, and the following suggestion. Neither of these men know yet that the other did this, and as they both suggested practically the same thing I shall quote from one letter:

"It appears to me that the time is approaching when an effort should be made to have teaching hospitals consider the question of training-medical

dietitians. A committee consisting of three or four representatives of your society and as many scientific and medical men should be formed to consider the necessary steps and frame a constructive program. At present a number of medical schools are contemplating radical changes which is all the more reason for prompt action."

We are most grateful for the interest evidenced by these men.

In September the president sent a number of letters to superintendents of hospitals, calling attention to this convention of the American Dietetic Association, and suggesting that they send their dietitians. There was nothing in these letters that called for a reply, yet a great many replies were received. Without exception confidence in our association was expressed, and a number stated that the writer wished to co-operate in every way possible. Only two said that their dietitian was not being sent, one of these was in the Panama Canal zone, and he regretted that it was impossible for their dietitian to receive the benefit and inspiration of our organization. A gratifyingly large percentage replied that they were sending their dietitians

Both the secretary and I have received many letters. asking what action the American Dietetic Association had taken in various matters, such as standardization of course of training, the work of public welfare dietitian, etc., and both of us have been overwhelmed with inquiries about where to obtain dietitians, what schools give the best training for this work, and similar questions. It is impossible and, if it were possible, it would be inexpedient to continue giving this information in a haphazard way. It would be difficult for anyone to do it in a creditable manner and perform other duties as well. I recommend that action be taken to establish a bureau, if you please to call it such, in which such information may be acquired and given out in a systematic way by a committee or one person, or in whatever way you may decide upon. This will mean that everyone must help if we are to have accurate information. Keep in touch with the bureau and keep it in touch with you.

URGES ACTION ON STANDARDIZATION

I not only recommend, but urge that further action be taken more widely to circulate, and at least begin to put into effect the resolutions adopted last year relative to the standardization of the work of the dietitian. Very few people know of that action of the association.

Many of you are familiar with the American Conference on Hospital Service. This conference is composed of American College of Surgeons, American Medical Association, American Nurses' Association, American Hospital Association, Association of American Medical Colleges, Federation of State Medical Boards of the United States, American Association of Hospital Social Workers, Catholic Hospital Association of the United States and Canada, American Association of Industrial Physicians and Surgeons, Medical Departments of the United States Army, Navy and Public Health Service. Should the American Dietetic Association not be a member of that conference? A new organization has just been formed, the Hospital Library and Service Bureau, of which we will hear more later. This is a service we cannot afford to refuse to accept.

Miss McLeod at Albany

Miss Josephine McLeod of Roanoke, Va., has succeeded Miss Sally M. Johnson as superintendent of nurses and principal of the Albany (N. Y.) Hospital training school. Miss Johnson resigned to accept an executive position with the Massachusetts General Hospital.

Much Required of Dietitians

Successful Administrator Must Have Executive Ability and Scientific Knowledge

By Esther Ackerson

[Editor's Note—This article is from a paper on "Training of Student Dietitians," read at the Wisconsin Hospital Association convention, Milwaukee, September 17, 1920. Miss Ackerson recently resigned as dietitian of Michael Reese Hospital, Chicago, to accept a similar position at the Chicago Beach Hotel.]

The successful handling of the hospital food problem in the future depends upon the present training of student dictitians. Since this is recognized by every up-to-date hospital, more time and effort are being expended in the compilation of courses designed to answer the pressing needs of the hospital. Every hospital has the right to demand one at the head of its dictetic department who has been properly trained in all the phases of hospital management. In the few instances where dictitians have not been able to cope successfully with the hospital situation it may be invariably attributed to a lack of sufficient training.

Thus, it is clearly the duty of hospitals pretending to offer student dietetic courses to give their students the sort of training that will fit them to assume the ultimate authority attending such a position in the hospital. The dietitian who comes from a hospital offering only the practical, mechanical work of the kitchen cannot be expected to compete with another who has been trained in the executive and scientific fields, as well as the practical.

The duties of the dietitian are such that she should have been trained in many lines. In the first place the student who wishes to become an expert dietitian should have a thorough and detailed background of knowledge of home economics, and the general sciences, namely: chemistry, bacteriology and physiology. With this storehouse of information she is ready to learn to apply her knowledge to the many problems peculiar to hospitals as distinct from other lines of work.

PRACTICAL TRAINING ESSENTIAL

The student should first of all have some practical training in the actual preparation of foods for hospital special diets. One can much more readily grasp the idea of an experiment by performing it oneself than to be a mere onlooker while someone else does the actual work. On the other hand, the student should not go on indefinitely just preparing foods. If she is at all competent she will soon have learned enough about the practical work to be capable of supervising others in similar work. This responsibility of supervision should train the student to be observing and careful to see not only that the food is properly prepared. and as attractively prepared as possible, but that the patient is receiving only the kind of food he should have. In any hospital where a large number of trays are prepared there is always a possibility of error, and error in diet usually has serious consequences, but with closer supervision by students this should be lessened to a negligible degree.

The student also should be trained in institutional management. In the majority of the small hospitals, and in some of the large hospitals, the dietitian is not only responsible for the preparation of special diets, but for all the food that is served in the hospital. Consequently, the student should have an opportunity to do wholesale ordering of supplies, to go to market and make actual selection of food materials, to be responsible for the care and storage of these

(Continued on page 72) OSE

Operates Four Hospitals in Palestine

American Zionist Medical Unit Accomplishes Remarkable Tasks in Two Years; 2 Nurses' Training Schools Established

On August 18, 1920, the second year of the work of the American Zionist Medical Unit in Palestine came to a close. During the second year, Hadassah, as the institution is properly known in Palestine, has shown a considerable degree of progress. Starting out from America with an organization of forty-five physicians and nurses some two years ago, Hadassah now commands a staff of nearly four hundred, including forty-five physicians and dentists, over one hundred nurses, large hospital staffs in four cities, and an administrative office in Jerusalem. The unit now operates four hospitals with a total capacity of two hundred and twenty-five beds, in which nearly four thousand patients are treated every year. The num-



OPERATING ROOM, ROTHSCHILD HOSPITAL, JERUSALEM

ber of dispensary patients runs into hundreds of thousands per annum, and it ministers to the needs of all elements of the population, Jews, Christians, Arabs and other religious groups.

During the last year Hadassah built a pathologic laboratory in Jerusalem, the first in Palestine; established an electric lighting system in the Jerusalem hospital, established the first laundry in the country, opened the Safed hospital with fifty-five beds, also doubled the capacity of the clinic in Jaffa, established a system of medical aid in the colonies, placing some six physicians and a dozen nurses in Jewish agricultural communities where until then practically no medical aid was available, and established a thorough-going system of medical school inspection and medical care of children in Jerusalem, Jaffa. Haifa. Safed and Tiberias. In Jerusalem particularly has the school work been highly developed. There three staffs are taking care of the eye diseases, skin diseases and the teeth of the children, in addition to periodic medical examination of all the children for general health conditions.

SIXTY PUPIL NURSES IN SCHOOL

Of particular interest is the development of the nurses' training school, which now counts sixty pupils, of whom forty are in Jerusalem and twenty in Safed. The pupils in Jerusalem are established in a comfortable three-story building, which has been put into a modern hygienic condition, and represents perhaps the most comfortable communal home in Jerusalem. Within less than a year the first class of Palestine nurses will graduate from the school and its members will be able to replace some of the American graduate nurses.

In the following table are given the comparisons of

the main lines of the work of the unit from month to month, beginning with July, 1919, and up to and inclusive of July, 1920:

				Lai	oratory
]	Patients	New	Total	Home	exam-
1919—	admitted.	patients.	visits.	visits.	inations.
July	287	7,427	33,943	1,063	1,070
August	278	6,998	39,449	995	955
September	379	5,785	39,996	371	369
October	322	5,676	36,505	815	1,171
November	324	6,263	3 5,159	1,519	1,239
December	330	4,099	22,131	1,304	1,462
1920					
January	336	5,162	23,759	2,215	1,161
February	269	4,991	10,968	2,127	1,134
March	325	4,889	24,083	1,064	1,508
April	350	5,837	23,857	963	1,317
May	399	7,766	29,353	1,606	2,066
June	3 85	7,997	33,615	2,080	1,712
July		9,983	46,090	1,378	2,481
Total	4,451	82,873	398,908	17,500	17,645

An outline of the earlier work of the unit is thus described by I. M. Rubinow, director, in *The Survey:*

"The American Zionist Medical Unit for Palestine is the creation of the Zionist Organization of America, which began the work of organizing the unit in 1916 to meet the grave health conditions in Palestine brought on by the war and the ravages of epidemics. The initial work was conducted by the Hadassah, the Women's Zionist Organization, which had been engaged since 1913 in district visting nursing in Jerusalem. The good offices of the American government and the allied governments were secured, and in the summer of 1918 the unit finally left the United States fully equipped for the task which in the course of preparations had assumed grander proportions than at first contemplated. The work has been carried on by the Zionist Organization of America with the financial co-operation of the joint distribution committee.

"The selection of the medical unit personnel, which consisted primarily of specialsts rather than general prac-



STAFF AND PUPIL NURSES, JERUSALEM

titioners, indicated a determined purpose to build for the future. The difficulties of European travel during that summer delayed the arrival of the unit in Palestine until the end of August. When they did arrive, the country was found infected with epidemics, with most of its physicians either in flight or in exile, and many of the hospitals disorganized by the depredations of the Turks before their retirement.

FOUR HOSPITALS OPERATED

"The first few months were months of feverish emergency work; but as the country recovered from its war conditions, and even before the armistice had been declared, the organization of the unit on a permanent basis began. At the end of April the unit was operating four hospitals in Jerusalem, Jaffa, Safed and Tiberias; outpatient clinics in these cities as well as in Haifa, Hebron and Jericho, and pathological laboratories in Jerusalem, Jaffa and Tiberias. The work of sanitation, primarily directed against mosquitoes, as well as the general work of cleaning the streets and the stores, proceeds at this time in co-operation with the governmental authorities. The scarcity of mosquitoes this year in comparison with the number of the year before is so strikingly apparent that it does not require any statistical evidence.

"The story of the organization of the hospitals within such short time is not devoid of a romantic element. In Jerusalem a hospital building was turned over to the unit by Baron Rothschild, negotiations for this having taken place in Paris during its stay there, and, notwithstanding a building over fifty years old, the scarcity of supplies, and the incompetence of native labor, it was transformed into a modern American hospital, which is now recognized as the best equipped hospital in the city, boasting the first X-ray laboratory in Palestine and a new pathological laboratory just nearing completion. In Jaffa the unit has organized a small children's hospital, for which there seems to have been a great need, and also a large clinic. In the ancient city of Tiberias, located on the Sea of Galilee, where the beauty of nature contrasts strongly with the filth of the old town, the A. Z. M. U. was called upon to fight epidemics of cholera and typhus, and it took possession of an English missionary hospital abandoned some time during the war and completly looted by the Turks. An emergency equipment was got together and for nearly nine months the hospital, which upon the return of the rightful owner is to be returned to the missionary organization, was running full blast with physicians and surgeons of the A. Z. M. U.

"Perhaps the most picturesque chapter in the development of the socialized system of the A. Z. M. U. is the installation of the hospital in Safed This is a mountain town only a few miles from the lake of Tiberias, but with the difference of some 3,400 fee' in altitude. Just before the war a small hospital building was presented to the town by Baroness Rothschild. During the war Turks removed all the equipment and used the building as a stable. When the A. Z. M. U. physicians arrived in Safed in the rear guard of the English army's drive into Galilee just before the declaration of the armistice, not more than the shell of the hospital was found, and a population sorely in need of hospital facilties. Notwithstanding its high altitude and glorious climate, which would make Safed an ideal summer resort, it is at present a nest of many contagious diseases and particularly of spotted typhus. Thus the existence of a modern building seemed to make the problem of the organization of the hospital a very simple one; but the absence of available equipment in the country, difficult communication with outside markets, and above all the absence of means of communication between Safed and even the neighboring cities, made the problem very complex.

"By a lucky coincidence the withdrawal of the American Red Cross from Palestine activity at the time offered an opportunity for the purchase of beds and other hospital equipment, but while the distance between Jerusalem and Safed does not exceed seventy-five miles as the crow flies. it took several weeks to transfer the equipment. First the standard-gauge railroad from Jerusalem to Haifa, then the narrow-gauge road from the modern port of Haifa to the filthy little Arab village of Semakh on the lake of Tiberias, then native, crudely constructed raft pulled by a gasoline motor boat for the first time in the history of the country, carried modern hospital beds and sterilizers, sinks and washtubs made in America to relieve the sufferings among the Arab and Jewish population of a little mountain city. The barge pulled the equipment by the city of Tiberias to a little village called Tapakh, where it was left for several weeks to be guarded by a mountain Arab and a Jewish gendarme in the service of the British occupied enemy territory administration. The road from Tiberias to Safed is a continuous climb of some 3,500 feet. Two Ford trucks, old hay wagons, donkeys, camels and other conveyances were used to climb the mountain path, but, when all that work was completed, the result was a modern American hospital under the management of American surgeons and in charge of American trained

FIRST HEBREW LANGUAGE NURSES' SCHOOL

"The influence of the American standards upon the development of medical aid in Palestine is not limited to the American physicians and nurses who have come with the unit, many of whom will eventually return to the States, though some have decide to remain in the old Jewish homeland. In the clinics and hospitals of the organization not only are the people of Palestine treated. but the physicians of Palestine have an opportunity of receiving clinical training in modern methods. In fact, the chain of medical instruction conducted by the A. Z. M. U. may be considered as the beginning of the future Jewish university in Jerusalem, of which the corner stone was laid by Dr. Weizmann about a year ago. Perhaps the training school for nurses conducted in connection with the Rothschild hospital (the first training school for nurses in Palestine, and the first to be conducted in the Hebrew language anywhere in the world), with its thirty Palestinian girls as pupils, may be considered the forerunner of the medical department of that university. Thus the work of the A. Z. M. U. is developing new medical facilities and includes existing medical institutions. In addition to the American surgeons and physicians many local medical forces have been employed. During one month three hundred cases were treated in the hospitals. and nearly thirty thousand visits were paid by patients to the clinics. Neither at the hospitals nor at the clinics is any distinction made among the patients as to race. nationality or creed

"The work is at present largely limited to the cities, though the rural population applies to the cities for a good deal of medical aid. It is, however, the intention of the A. Z. M. U. to extend its work at least to the Jewish colonies, and to future Jewish settlements in Palestine."

The development of the medical work of the organization proceeds in accordance with plans which have been prepared as a result of a three-months' investigation by a special sanitary commission consisting of physicians, sanitarians and bacteriologists. The commission made a careful study of the health conditions in every city and every Jewish colony in Palestine.

Community Chests Aid to Hospitals

"Drive" Also Is an Important Factor in Raising Funds; Other Methods Are Analyzed

By Pliny O. Clark, Superintendent Presbyterian Hospital, Denver, Col.

When there is a difference between expense of a hospital or institution and income in maintenance, it may be met by one or more of four ways: (1) By taxation, (2) by interest from an endowment fund, (3) by public or private subscription, or (4) by a legacy.

For capital expenditures by institutions under private control we really have but two principal sources from which to draw, (1) popular subscription, and (2) the result of a legacy, although we may well suppose the time will come when capital expenditures may be provided for by taxation.

The manner in which the state of Pennsylvania has for years supported her private charitable institutions by taxation is classic. And from the system has doubtless come much of good, especially a freedom on the part of the institution from worry in making ends meet, as well as a certain systematizing of methods, scientific and financial.

We find, however, that states seem to be awakening to the fact that they owe something to those institutions in their midst which, without complaint, have for years carried a part of the state's own burden, and now are. in a more or less crude or inadequate manner, seeking to aid these hospitals by money grants.

In British Columbia the Vancouver General Hospital has been receiving government aid on a sliding scale of from 43 cents to \$1.00 per day when the cost was \$2.00.

Mr. John J. Banfield, of Vancouver, adds this interesting information: "The most progressive legislation is in the Province of Alberta and Saskatchewan, where the Hospital Act provides that hospitals may be erected in different localities, and the annual deficit chargeable to the district in which the hospital operates. In Manitoba there is a charge covering the cost of the patient to the municipality in which the patient resides. The other provinces are on largely a per capita basis."

In West Virginia certain hospitals are granted the use of a maximum amount as a fund upon which they may draw at the rate of \$1.50 per day for a charity case given care, a detailed report, under oath, being required from the superintendent in each case.

Some states leave the question to the counties; for instance, Illinois, Indiana and Iowa.

Mere aid (and not complete support) by the state tends to injure rather than help a hospital, for many givers will brush aside an appeal for aid on the grounds that "the state takes care of the charity," not caring to consider the real fact that the state paid a very small portion of the cost.

If legislation by states in aid of hospitals and similar institutions is to be intelligently enacted, the makers of the laws should be advised by the hospitals themselves, and this suggests one of the principal reasons for the organization of state or provincial hospital associations.

We now come to a most interesting part of this subject, and one in which the most of us feel we have had or would like to have some experience: the appealing to the public for necessary maintenance funds.

From a paper, "Community Funds for Maintenance and Capital Expenditures," read at the 1920 American Hospital Association Convention, Montreal, October 4-8.

In the average privately controlled hospital the annual deficit may not be a large amount in dollars and cents, but gauged by the amount of worry caused the executive and the board of managers, it is a thing with which to reckon.

Ordinarily a deficit was met by a liberal endowment fund or by an appeal to the "friends" of the hospital, a list of whom was most carefully preserved, and never by any chance given any other "charity."

It is true that many worthy and many unworthy money raising campaigns have succeeded since the war, but because there have been a few fakirs soliciting and because some campaigns have showed too large an expense account, because the sum sought was not secured, the "drive" method has received a black eye.

The "drive" as an organized effort to raise money was probably first used by C. S. Ward, in Y. M. C. A. work. And we must agree that in the field of that splendid association alone the drive has accomplished immeasurably important results.

The "drive" as a means of securing community funds is undoubtedly a necessary and desirable part of our economic life. While it has probably been abused as a method, yet in the hands of capable and well trained experts, it has many advantages, among them increasing the clientele of the institution benefited; educating the public at large to the real purpose of the beneficiary as well as relieving good executives from financial worries, and so increasing their efficiency.

Still it is likely the day of the so-called whirlwind drive, depending upon circus methods of arousing the giver has passed, and in its stead has come the more thoroughly organized business of public solicitation founded on systematic accounting, sane business methods and complete publicity. This method will likely continue in more or less favor for some time in the raising of funds for capital expenditures especially.

The day of individualistic effort is passing and the hospital is coming to see that its work is a dignified and necessary part of the economic life of the state, and as such has a right to expect commensurate recognition. This new community consciousness on the part of hospitals seems to have grown out of participation by the hospitals' officers in the work of their town's social council, observance of the far reaching effects of social work by the visiting nurses or social worker, or by an active participation in the management of another institution when "doubling up" during the war.

It may have come because the amount required in any one year was small, hence, co-operation with another welfare agency in raising both budgets seemed desirable.

However this new spirit may have come it is arrived and ready for work.

A sign of this spirit is evident in the fact that many hospitals are participating in the organization of the federated plan of solicitation and disbursement of charitable funds through the scheme commonly known as the Community Chest.

A still greater encouragement is the fact that in most instances the organization of the Community Chest was

undertaken by the Chamber of Commerce, thus showing a new sense of responsibility on the part of "business" for its worthy charities.

The Community Chest is not the sole method available to meet maintenance expenses or even capital expenditures, but it does provide the avenue for the operation of that modern method, "co-operation." It is economical in operation, tends to eliminate undesirable organizations and increases the efficiency of those which are doing their best.

An increase in number of subscribers is a point of worth. Parkersburg, W. Va., had 3,125 subscribers to its first campaign, or about six times the combined number supporting the individual objects previously. Youngstown, Ohio, increased from 1,500 to 15,000, and in the last campaign to 20,000.

In Rochester (population, estimated, 300,000), before there were about 5,000 subscribers; the first year of the Chest showed 62,000, and this last one 66,000.

Cincinnati (population 401,426) with a Federation and twenty-nine agencies participating, had 12,000 subscribers; in their 1920 Chest, called the Cincinnati County Council, they had seventy agencies and 50,000 subscriptions.

Cleveland, before the war, had a maximum of 8,800 contributors to a Federation; the campaign of last November showed \$4,000,000 subscribed by about 160,000 people.

Sherman G. Kingsley of the Welfare Federation found that in forty-three cities using the Chest plan, 32 per cent of the entire population subscribed.

The Community Fund is a method well worth our consideration even to the providing of funds for capital expenditure, though it will doubtless take longer to show community responsibility in this latter regard than with maintenance merely.

In the smaller cities where the need for co-operation is not so apparent, independent methods will probably be used for some time.

For those institutions which cannot as yet join hands with a Community Chest, or which may consider an independent drive unwise, and which are so local in character as to preclude national campaign methods, there are several acceptable methods by which their deficits may be met.

First and foremost as essential to success with these as other hospitals, the work itself must be of the very highest standard. Second, advertise, educate, let the public know what is being done and what desirable thing could be done with additional funds.

As G. W. Olson recently so well said: "We need a salesmanship that will sell the whole hospital idea to the people, so that the people will be educated "to accept the needs of the hospital as their solemn obligation. If we can put that across, we will get the money; for people do pay their obligations, once they have been convinced they owe them."

Having a public in full sympathy, and yet without the Community Chest or a drive ready to supply the need, the most effective method of raising money is the personal solicitation of a selected list by the friends of the hospital. The results will need to be checked up, however, and the thing not allowed to drag on indefinitely. The superintendent might do well to ask these solicitors to take lunch with her daily until the campaign is finished.

Another method is to send letters attractively written, in fact, gotten out by a publicity expert in close touch with hospital affairs, if possible. A good letter is often very effective, especially if followed by another clincher. Ex-

perts have declared that very large givers are more approachable through a letter than by a personal appeal, for in writing, the personal element is more nearly eliminated and the facts as such presented in their true light.

Various forms of membership in the hospital association is a method much uesd, and it has advantages other than the mere money return. It should make the member feel a sense of proprietorship, of responsibility, especially when some part of the business is left to decision by the membership at large. There are life, supporting or annual forms, offered at from \$1.00 for annual to \$1,000.00 for life.

The indirect appeal should be noted as a method: entertainments, dances, church collections, lawn parties, tag days. This method possesses considerable educational value, but is prone to carry an expense budget often as high as 75 per cent of the receipts and to give the wealthy citizen the opportunity to discount his obligation by having contributed in a very small way anonymously through one of these sources.

Undoubtedly the press should be used as freely as possible in publicity, and may be of quite invaluable assistance in seeking public aid, and yet as a method of raising money without other help, is of little practical value except in an emergency. Newspapers cannot be expected to carry for many days an appeal which has no real story value, unless the space is paid for as an advertisement, and then much of the intended "punch" may be lost or the expense outweigh the results.

The discussion of funds for maintenance or capital expenditures would not be complete without a word concerning the private benefactor. This one is not affected by special appeals, he or she seeks out that which most interests him or her, and gives in that place.

There is the possibility of seeking out such givers, and by a studious cultivation of their acquaintance, secure their interest in a gift for the thing in which each of them believes.

Some colleges and other institutions maintain financial agents to seek out those who prefer to give quietly and without display. The results vary, not always justifying the expense.

"Endowments" properly presented would require an entire hour, but suffice it here to observe that many authorities now believe funds should be placed in trust in such a manner that the purpose originally designated may be changed, if necessary, at least, every ten years. This would certainly insure a more active use of our endowment funds, and would obviate many objections now found to their use. It would make possible the revision of promises hastily made in securing the funds, such as "the unlimited use of the bed" so endowed.

If an institution expects any considerable support from this source, it must most certainly be worthy of it. for its every act will be carefully scrutinized by the maker of the will, and if it does not please, the provision stricken out. Still the goal of an adequate endowment fund is one to be eagerly sought and won.

Government Sells Surplus Bandages

The surplus property branch, office of the quartermaster general of the army, has sold to Thomson & Kelly Co., Boston, the remaining surplus of bandages and absorbent cotton, purchased for the army during the war. The sale netted the government more than \$1,000,000. Included in the sale were 1,000,000 dozen roller and between 2,000,000 and 2,500,000 compressed bandages, and approximately 2,250,000 1-ounce packages of absorbent cotton.

Hospital Executives' Working Guide

By-Laws and Constitution of Brooklyn Hospital Incorporate Best Features of Leading Institutions—Copied by Others

An admirable working guide for the conduct of a hospital is contained in the booklet of by-laws and regulations of the Brooklyn Hospital, Brooklyn, N. Y., the compilation of which represented several months' research and work on the part of the trustees, the professional staff and Dr. W. G. Nealley, superintendent.

So thoroughly have the regulations been revised and that the Brooklyn Hospital by-laws and rules have been taken over to a considerable extent by other institutions that consulted the booklet for assistance in amending their own rules. Not only has the Brooklyn Hospital included considerable detail in specifying the duties of the various officers and employes, but the text has been boiled down and the entire subject matter presented briefly and concisely, setting forth the responsibilities of the persons involved in a way that permits of no misunderstanding or confusion.

A feature of the rules is the section devoted to the Attendings Committee, composed of the Attendings on the four services, medicine, surgery A, surgery B and gynecology-obstetrics, and the superintendent. Meetings of this committee are provided for at least twice a month, one gathering to be held a few days before the monthly meeting of the board of trustees, at which time the executive committee of the board shall be represented. The Attendings Committee, as defined in the booklet, has charge of the professional work, both in the hospital and dispensary, and is required to submit a monthly report to the trustees, through the superintendent. An anual report of the year's work likewise is provided for and the rules also assign to the Attendings Committee the duty of making nominations to the trustees for appointments to the professional staff.

The department of radiography, pathology and anesthesia, according to the booklet, are directly responsible to the superintendent, but the Attendings Committee is given supervision of the professional work of these divisions.

According to Dr. Nealley, the Attendings Committee of Brooklyn Hospital has met at least twice a month for the past two years to take action and adopt policies for the improvement of the professional work of the institution.

The Brooklyn Hospital rules go into detail regarding the responsibility of the various staffs and also clearly define the duties of the directress of nurses and the directress of the social service department among other executives.

In view of utility of these by-laws and rules, as proved by their successful use at Brooklyn Hospital and their adoption by other institutions, hospital officers and executives throughout the country should find a study of them a source of real profit.

The by-laws and rules are herewith reproduced in full:

BY-LAWS OF THE BROOKLYN HOSPITAL

ARTICLE I

THE CORPORATION

SECTION I—The name of the corporation is THE BROOKLYN HOSPITAL.

SEC. 2—The object of the corporation is to afford medical and surgical care to sick and disabled persons of every creed, nationality or color.

SEC. 3—Any person may become a member of the corporation upon payment of the sum of \$50 to the Treasurer of the corporation for the use thereof, and acceptance of said sum by the Board of Trustees; and such member shall be entitled to vote at any election of the corporation.

SEC. 4—The government of the corporation is vested in a Board of twenty-five Trustees, of whom one shall be Mayor of the city for the time being, and the other twenty-four shall be elected from the members of the corporation. The Trustees so elected shall hold office for three years, and until others are elected in their places. They shall, however, be divided into three classes of eight Trustees each, and the terms of office of the several classes shall expire in successive years, so that only eight Trustees will be elected regularly each year. No practitioner of medicine or surgery shall be eligible to the office of Trustee.

SEC. 5—The Trustees shall be elected by the members of the corporation at their annual meeting by ballot and by a majority of the votes cast at such election. But if a majority of the whole number of members of the corporation shall not be present and vote at such election, the Trustees then in office, or a majority of them, shall elect the Trustees then to be chosen. In case of any vacancy in the Board, the remainder of the Trustees shall have power at a regular meeting to fill such vacancy until the next annual election.

SEC. 6—The Board of Trustees shall have power to manage and conduct all the business and concerns of the corporation; to make all such By-Laws as may be necessary and not contrary to law relative to the management and disposition of the estate and concerns of the corporation; and to appoint such officers and servants as they may deem necessary.

SEC. 7—The medical officers of the Hospital, including all attending and consulting Physicians and Surgeons, shall be appointed annually by the Board of Trustees. Vacancies occurring before the expiration of a year from the time of any such appointment shall be filed by the Board of Trustees as soon as the same can conveniently be done.

ARTICLE II

MEETINGS OF THE CORPORATION

SECTION I—The annual meeting of the members of the corporation for the election of Trustees shall be held at the Hospital on the second Monday of January in each year, at half past seven o'clock in the evening.

SEC. 2—Notice of the annual meeting shall be given by the Secretary at least one week before the meeting, by advertising the same at least once in a newspaper published in Brooklyn and of general circulation.

ARTICLE III

MEETINGS OF THE TRUSTEES

SECTION 1—A regular meeting of the Board of Trustees shall be held on the third Thursday of each month, except the months of June, July, August and September, at such hour and place as the Board may from time to time determine. The regular meeting in the month of January shall be the annual meeting of the Board. Whenever the date of a regular meeting shall fall upon a public holiday, the meeting shall be held on such date as the President may appoint.

SEC. 2—A special meeting of the Board of Trustees may be called at any time by the President (or in his absence by the Vice-President), and shall be called by such officer upon the written request of three Trustees. At least two days' notice of every special meeting shall be given. The

purpose for which a special meeting is called shall be stated in the notice thereof.

SEC. 3—Seven Trustees, including the President or Vice-President, shall be a quorum for the transaction of all business; except the alienation of any of the real or personal estate of the Corporation, or the leasing of any of the real estate thereof for a longer time than one year, or for the suspending or discharging of any officer, physician or surgeon, for which purposes the consent of a majority of all the members of the Board shall be necessary. A majority vote of members present shall determine all questions, except as aforesaid; and in case of a tie the presiding officer shall decide.

SEC. 4—The order of business at all meetings, unless dispensed with by unanimous consent, shall be as follows:

Reading of the minutes.

Report of the Superintendent.

Reports of Officers.

Reports of Standing Committees.

Reports of Special Committees.

Communications.

Elections.

Unfinished business.

New business.

Sec. 5—Should any Trustee be absent from four consecutive regular meetings without having been excused therefrom, such absence may be construed as a resignation, which may be accepted by the Board.

ARTICLE IV

OFFICERS

SECTION I—The officers of the Corporation shall be a President, a Vice-President, a Secretary and a Treasurer; who shall be elected by the Trustees by ballot from among their own number at the annual meeting of the Board, and who shall hold their respective offices for one year, and until others are elected in their stead. A vacancy arising in any office may be filled at any meeting of the Board.

SEC. 2—The President shall preside at all meetings of the Corporation and of the Board of Trustees. He shall appoint all standing committees, except as otherwise ordered. He shall be ex-officio a member of all standing committees.

SEC. 3—The Vice-President shall in the absence of the President perform the duties of the President.

SEC. 4—The Secretary shall keep the minutes of the proceedings of the Board and submit the same at all meetings thereof. He shall have custody of the minutes and of all filed documents, except as provided in the following section. He shall notify the Trustees in writing of all meetings of the Board and send notices of all appointments.

SEC. 5-The Treasurer shall receive and disburse all moneys of the Corporation. He shall keep a complete record of all receipts, disbursements, investments and other financial transactions of the Corporation. He shall have custody of all funds, securities, deeds, mortgages and like documents of value belonging to the Corporation, and shall keep the same in such place of safe deposit as the Board of Trustees may designate, subject at all times to the inspection of the Committee on Finance. He shall also have custody of the corporate seal. He shall make no payments, except upon vouchers which have been audited by the Executive Committee and signed by the Chairman (or in the absence of Chairman, by some other member) of said Committee. He shall make a monthly report to the Board at each regular meeting, and an anual report in detail at the annual meeting. He shall not be a member of the Committee on Finance.

ARTICLE V STANDING COMMITTEES

SECTION 1—There shall be the following Standing Committees, the members of which shall be appointed annually

by the President at or as soon as practicable after the annual meeting of the Board, and who shall hold office for one year and until their successors are appointed.

SEC. 2-An Executive Committee, consisting of not less than three members, which shall have general supervision and control of the affairs of the Hospital and Training School in the interval between the meetings of the Board, and shall have special charge of all matters not expressly assigned to some other Committee. The Superintendent of the Hospital shall be under the immediate direction of this Committee. It shall examine and audit the Superintendent's accounts, and shall approve all drafts for disbursements before payment thereof by the Treasurer. It may from time to time adopt additional rules not inconsistent with the rules adopted by the Board, but shall submit such additional rules for approval at the next regular meeting of the Board. It shall make such recommendations as it may deem advisable for the consideration of the Board or of the other Standing Committees. The members of this Committee shall be exempt from service on the Visiting Committee.

SEC. 3—A Committee on Finance, consisting of not less than three members, which shall have general supervision and control of the financial affairs of the Corporation, and shall co-operate with the Treasurer in the investment of all funds belonging to the Corporation. It shall at the close of each year examine the Treasurer's accounts and securities, and shall report upon the same to the Board at the annual meeting.

SEC. 4—A Committee on Buildings and Grounds, consisting of not less than four members, which shall have general supervision and control of all buildings and grounds belonging to the Corporation, and of the alteration and reconstruction thereof. Current repairs, not involving structural alterations, may be made by the Superintendent under the direction of the Executive Committee.

Sec. 5—A Committee on Ways and Means, consisting of not less than three members, which shall devise and carry out such measures for increasing the financial resources of the Corporation as may from time to time seem advisable.

SEC. 6—A Committee on Nominations, consisting of not less than three members, which shall make nominations for Trustees, officers and members of the Professional Staff. Such nominations may, however, also be made by any member of the Board.

SEC. 7—A Committee on Dispensary, consisting of not less than two members, which shall supervise the work of the Dispensary.

SEC. 8—A Committee, consisting of not less than three members, which shall represent The Brooklyn Hospital in the Hospital Saturday and Sunday Association, or any other Association formed for the raising of hospital funds in the City of New York.

SEC. 9—A Committee on Law, consisting of not less than two members, to which shall be referred all questions of a legal nature.

SEC. 10—A Comittee on Social Service, consisting of not less than two members, which shall supervise the work of the Social Service Department.

SEC. 11—A Visiting Committee, consisting of two members, one of whom shall be appointed by the President in each month, to serve for the two calendar months following. The Visiting Committee shall inspect the Hospital at least once a month, and shall report in detail to the Board at each regular meeting, making such recommendations regarding the condition and administration of the Hospital as may seem advisable. Any member of the Committee temporarily prevented from visiting the Hospital shall procure

(Continued i on page 82) Q

San Francisco Proud of City Hospital

Municipal Institution Has Group of Ten Buildings, Costing \$3,500,000, Located in Beautiful Gardens Covering Four Blocks

One of the most beautiful municipal hospital buildings in the United States has been completed in San Francisco. The standard of this hospital is such as to entitle it to be ranked as one of the leading hospitals of this country. The hospital is under the control of the Department of Public Health and is maintained by the City and County of San Francisco for the treatment of its sick poor. The cost of the building and equipment was approximately \$3,500,000, derived from the sale of bonds. The hospital normally accommodates about 1,000 patients.

Newton J. Tharp designed the buildings, and chose for the location of the main group the frontage facing Potrero avenue, a broad avenue on which is operated the Municipal car lines.

COVERS FOUR BLOCKS

The hospital is located in what is known as the "warm belt" of the Mission, at the edge of the most thickly populated district of the city; it is situated on a rising elevation and covers four city blocks, 866 feet long and 760 feet wide.

The buildings are so arranged that there is ample light and plenty of ventilation around each unit. In general, the type of construction is what is known as the corridor pavilion.

The style of architecture is of the Italian Renaissance. All buildings are class "A" fireproof construction, with foundations of concrete, waterproof and under-drained. The floor and roof construction is of reinforced concrete. flooring throughout the offices and bed rooms in the administration building and in the nurses' home is of maple; in the wards and in the bed rooms of the service building the floors are covered with linoleum cemented to the concrete. The operating rooms, treatment rooms, toilets, laboratories, etc., are finished with tile and the floors of all corridors are of terrazzo. The exterior walls are of brick of rich color with terra cotta trim.

The grounds are extensive and present a park like appearance. They were laid out by John McLaren, designer of the beautiful gardens of the Panama-Pacific Exposition. The entire area is inclosed by an iron grill fence, and lighted at night by about forty ornamental electroliers.

The main group consists of ten buildings. entrance is in the center of the Potrero avenue frontage and persons entering or leaving the grounds are compelled to pass the gate house. The approach from the main entrance to the administration building consists of a series of terraces and stone stairways, on either side of which are lawns and flower beds.

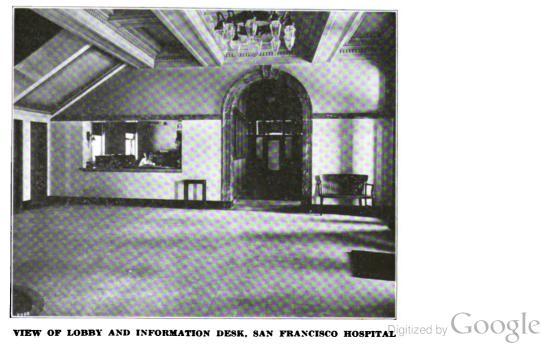
ADMINISTRATION BUILDING

The administration building, the central feature of the main group, is three stories high. The first floor provides accommodations for the general offices of the superintendent and his assistants. In the main office are located the central telephone exchange, switchboard for signal service and a fire alarm station. By means of a signal board, operated in conjunction with the silent call system, the telephone operator records on a time stamp the time when the patient's call was registered and the time it was answered by the nurse. At the northerly end of the administration building, on the first floor, is a large room which is used by the visiting staff and which is also used as a meeting place for the advisory council, committees interested in welfare work, etc.

QUARTERS FOR INTERNS

The two upper floors are devoted to the use of the house officers and interns. They contain reception and general recreation rooms, library and billiard room, with a liberal provision of shower baths, toilets and other conveniences. In the basement are rooms for the storing of trunks, furmture, enamelware, electrical stores, etc., and a large fireproof vault for keeping records.

The main ward buildings, of which there are four, are six stories. Two are located to the north and two to the south of the administration building. Each ward building contains four wards, a roof garden with penthouse and a basement. A special feature of the ward buildings is the



sanitary tower, placed on the north side of the buildings, opposite the middle of the ward. This tower contains the toilets, baths, wash-basins, utility station, clothes chute, blanket warmers, etc. It is connected with the ward by a narrow corridor in such manner as to permit of crossventilation between the two structures. The wards have a full southern exposure and are well ventilated by hopper transoms placed above the windows.

Each bed is placed between two windows and is furnished with a reading lamp, silent call system, and an electric light socket for examination lamp. Each ward is furnished with treatment room, diet kitchen, ward dining room, laboratory, linen room, toilet, wash-basin and janitor's closet. At the eastern end of each ward is a large solarium, the walls being almost entirely of glass. A large terrace on the southern side of the first floor of the ward buildings permits the wheeling of patients into the open air and sunshine. Electric passenger elevators, conveniently located, each of which is capable of carrying a bed, are arranged for operation by lever or by push button control, the change from one system to the other being effected by a throw switch in the elevator machinery room.

TWENTY-FIVE MATERNITY BEDS

The maternity ward is provided with accommodations for 25 patients, there being beds in the ward proper for 20 patients and rooms for five. Adjacent to the ward are toilet facilities placed in a sanitary tower and nearby are two nurseries; then follow in order the first stage room, delivery room, diet kitchen, dining room, two isolation rooms, doctor's dressing room, laboratory, supply room, toilet and janitor's closet. On the eastern end is a solarium.

The children's ward has been divided by glass cubicles, nine feet high, into four smaller units, each containing six beds, so that to a certain extent infection from communicable diseases will be controlled.

The receiving building, which faces Twenty-second street at the northern end of the main corridor, is five stories high in the main portion, leading from which are three wings each three stories high. The building has been designed for a five-fold purpose:

To receive patients entering the hospital proper. For use as an emergency department. For an out-patient department. As a surgical pavilion.

For the purpose of instructing students from the medical colleges.

On the main floor is situated the emergency department, consisting of receiving station, operating rooms, and wards; an out-patient department, consisting of reception room, treatment rooms, drug room, and rooms for social service workers; department for receiving of patients, consisting of reception rooms, examining rooms, treatment rooms, bath rooms, two observation wards and eight isolation rooms. In this department a dental clinic has also been established

SURGICAL PAVILION

On the second floor is the surgical pavilion, which contains besides the operation rooms, two large surgical amphitheaters each with seating accommodations for 50 students. On this floor is also located the X-Ray department, eye, ear, nose, and throat, and urological examination rooms. Accommodations also are here provided for care of patients before and after operation.

One the third floor is an amphitheater with seating accommodations for 200, with laboratories adjacent, used by the faculty of the five medical colleges affiliated with the hospital for demonstrating purposes.

The ventilation in the receiving building is controlled by a double mechanical system, the plenum system; one for supply and one for exhaust, the air being drawn in through an aperture 50 feet above the ground, washed and distributed by fans, after proper heating, to the various operating rooms The mechanical exhaust system of ventilation can be operated separately in different parts of the receiving building. All operating rooms are furnished with running sterile water.

The pathological building is located to the east of the receiving building and is a three story structure. On the first floor is the morgue, post-mortem rooms, rooms for animal experimentation and kennels in connection therewith; also a chapel. On the second floor are accommodations for the main chemical and bacteriological laboratories, which are operated in conjunction with the central laboratory of the department of public health.

The service building is located in the rear of the administration building, in the center of the main group, consequently easy of access from the other buildings. It contains the main kitchen and serving pantry from which all food is served, for removal in food carriages to the various wards. Secondary serving pantries are between the staff





EACH WARD PATIENT HAS PLENTY OF LIGHT AND FRESH AIR

dining room and nurses' dining room and between male and female help dining rooms. The drug and linen rooms are also on the main floor of this building. The two upper floors are furnshed as quarters for the male and female help. Not more than two employes sleep in each room.

GARDEN FOR NURSES

The nurses' home is situated at the extreme southern end of the main corridor. A garden faces the south, where the nurses may enjoy themselves and be free from view of the ward buildings, as well as the public. A large lecture room, social hall, recreation rooms, library, dining room, kitchen and suites for the superintendents of nurses, assistant superintendent of nurses, etc., are on the first floor.

The power plant is situated in the center of the hospital group, so as to give equal distribution and minimum length of steam mains, etc., and supplies all electric power and steam used throughout the buildings.

All steam, hot and cold water, steam return, gas, electric and other pipes are run in a system of tunnels connecting the power house with each building. And all pipes in the horizontal and vertical directions are placed so as to be within easy reach in case of necessity of repair. Low pressure steam from turbine and pump exhaust is used for the direct radiators in all wards and buildings, except in the receiving building, where as already stated, the plenum system is used for the heating of operating rooms and amphitheaters. There are 22,000 feet of direct radiation installed in the buildings. There is also located in the power plant a twenty-ton ammonia direct expansion refrigerating machine, with brine system of circulation to the main refrigerator in the kitchen, butcher shop and main store rooms, which is used for cold storage and ice making. Cold storage in the wards is obtained by the use of artificial ice in refrigerators.

HOT WATER SYSTEM USED

The hot water system is a forced circulation, the water being heated to 140 degrees by the exhaust steam. All pumps in the power plant are duplex and in duplicate, reducing the chance of a shut down to a minimum. There are two fuel oil tanks, one for the fire rooms, having a capacity of 11,000 gallons, and the other for the engine, having a capacity of 1,500 gallons. All machinery operated by power is electrically driven. There are four hydraulic elevators, five electric elevators, and a number of electric and hand

operated dumb waiters.

The laundry is located on the southerly side of the power plant, with which it is closely connected, in which a complete and very extensive plant is installed.

Upon admission to the hospital the patient's clothing, etc., is sent to the locker room for safekeeping and returned when the patient is ready to be discharged. While in the hospital the patient wears hospital clothing. In connection with the locker room a tailoring department has been established for the repair, cleaning and pressing of such clothing as is necessary. A supply of clothing is also kept for the use of those patients in need.

Form Occupational Therapy Association

Representatives of Walter Reed, Mount Alto and St. Elizabeth's Hospitals, Washington, the public health service and the federal board for vocational education have organized the District of Columbia Association of Occupational Therapy to promote occupational therapy not only among tuberculosis and mental cases, but among orthopedic, paralytic, nerve and general cases. Miss Tracy of St. Elizabeth's Hospital is recording secretary.

Founds Hospital in Belgium

Her Highness, Elizabeth Francoise Marie, Princess de Ligne de la Rochefoucauld, has given her entire estate near Mons, Belgium, for the establishment of a hospital for children. The institution is to be known as the American Memorial Children's Hospital, in honor of the American soldiers who fought in Belgium. Cornelius S. Loder, New York, hospital consultant, is supervising the organization of the institution.

Gives Bread to Hospital

At the recent convention of the American Association of the baking industry, Atlantic City, the Read Machinery Company exhibited a complete automatic bakery outfit. Twice daily this outfit was in full operation. The bread was given to the North American Sanitarium, a charitable institution for children afflicted with curvature of the spine and other deformities, of which Miss Van Valkenberg is superintendent.

Paris Leads in Hospital Beds

According to figures recently published in New York, Paris has 9.83 hospital beds per thousand of population, New York has 5.9 and London 2.1 per thousand.

Asks Province to Supervise Records

Alberta Hospital Association Requests Board of Health to Determine Form for Government Grant Institutions

A resolution asking that the provincial government require all hospitals receiving government grants to keep adequate records of cases treated by them was adopted at the second annual meeting of the Alberta Hospital Association at Calgary, October 20, 21 and 22, held in connection with the annual convention of the Alberta Association of Registered Nurses. The resolution, which is of unusual interest to the hospital world, provides that a standard form be suggested to the department of health of the province for determining a form of minimum record.

Other important actions taken at the convention included a vote to affiliate with the Western Canada Hospital Association, pending the revival of the Canada Hospital Association, the latter reorganization being urgently requested. Upon its accomplishment the Alberta Association will sever its connection with the sectional body and join the national organization.

The convention also approved the minimum standard of the American Hospital College of Surgeons, but voted to have its own committee make specific recommendations for standards for Alberta hospitals, based on the A. C. S. provisions.

Another resolution petitioned the department of health of the province to establish a system of inspection for Alberta hospitals.

The joint meeting memorialized the provincial government regarding the need of speedy provision of an institution for the care of the incurable, aged and such patients "other than those suffering from infectious diseases, for whose maintenance active treatment hospitals are not designed, and whose presence therein precludes the beds they occupy from being put to proper use."

The department of health was requested to arrange for the education of trained attendants, since the convention believed that this work is impracticable in any hospital.

Activity incident to the training and education of nurses included the appointment of a committee to report on the possibility of an arrangement with the provincial government whereby purely scientific and theoretical subjects be taught student nurses in the University of Alberta. This committee also is to make inquiry regarding the possibility of having a post-graduate course for nurses given by the university. The provincial government was asked to empower the University of Alberta to outline a course of study for nurses in training schools, and prescribe regulations governing examination leading to the degree of R. N.

The resolution regarding government enforcement of the keeping of adequate records read as follows:

"That, whereas the Alberta Hospital Association assembled is convinced that all hospitals within the province should keep some adequate records of all cases treated by them. That the Department of Public Health be requested to have standard forms adopted officially and provided for the use of all hospitals, and that to that end a committee consisting of Drs. Archer, Fisher and Fyshe be appointed by this convention to examine and approve of forms to be suggested to the Department of Public Health for this purpose, and that upon the establishment of such service, all hospitals receiving the Government Grant shall be required to keep a minimum of such record, such

minimum to be determined by the Department of Public Health."

The use of the word "required" in this resolution was very vigorously debated, as according to those opposing it it savored too much of compulsion. It was suggested that the word "requested" be substituted for "required," and an amendment was motioned and finally lost, to the effect that the whole resolution after the word "and" above be removed. However, the motion was eventually carried by a satisfactory majority after two counts had been made

As the Honorable, the Minister of Public Health, who was present at the meeting, had stated that all the requests made by the Alberta Hospital Association to the provincial government can be very easily carried out by it, it practically means that the enforcement of an adequate system of record keeping will be made at an early date.

The resolution on the provincial committee on hospital standardization was passed by the meeting in full session after prolonged and, at times, rather acrimonious discussion, in which the point of view of the American College of Surgeons on one hand and that to the effect that hospital standardization should come through agencies within the province on the other were equally ably represented.

The resolution reads as follows:

"That this Alberta Hospital Association approves of the principles involved in the 'Minimum Standard,' as stated by the American College of Surgeons, and believes that our standards should be at least as high as the standards for hospitals of the size to which those are applicable. but in view of the existing conditions in the province, the Alberta Hospital Association favors the appointment of a committee of this association and the University of Alberta and the Department of Public Health with the request that they draw up for the government of the hospitals within the province a concrete statement of standards as applicable to all classes of our hospitals, and, further, that this be handed to the resolutions committee, who shall bring in a suggestion as to the methods of selection of this committee."

The resolutions committee reported in favor of the appointment of a committee of twelve to be composed of two representatives each from the following organizations: University of Alberta, Alberta Medical Association, Department of Health, Alberta Association of Registered Nurses, Alberta Hospital Association, and representatives of the urban and rural municipalities, and that the executive bodies of these organizations be asked to nominate their representatives.

The officers for the ensuing year are:

Honorary President-Hon, C. R. Mitchell, minister of health

President-Dr. A. E. Archer, of Lamont.

Vice President—Dr. A. Fisher, superintendent Calgary General Hospital.

Secretary-Treasurer—Dr. J. C. Fyshe, superintendent Edmonton Hospital Board.

The executive committee is composed of Mayor Hardie. of Lethbridge: Miss L. Edy, Calgary General Hospital: Dr. D. G. Stanley, Calgary: Dean Karr, University of Alberta; Rev. Father Cameron, Calgary.

Forty-one hospitals were represented at the convention

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Laboratory Milk Tests Are Urged

Regular Reports Should Be Made to Superintendents to Guard Against Adulteration; Grades of Milk for Hospitals

By Howard Greene, Jr., Manager Brook Hill Farm, Genesee Depot, Certified Dairy of Milwaukee Medical Society

The chief points in a hospital milk supply are:

Clean, safe supply, together with proper grading of milk for special needs.

Proper care in storage.

Proper delivery to patient for whom milk is intended.

The importance of a safe, clean milk supply has been discussed so frequently that repetition is needless. It is a responsibility which rests entirely upon the superintendent of the hospital, and he should use every means at his disposal to secure an absolutely safe supply.

It is unfortunately true that a hospital must purchase the cheapest milk possible on account of limited income and inability to make charges sufficient to meet operating expenses.

A table is given below, showing the classification of purpose in a hospital and grades of milk obtainable:

PURPOSE

For cooking milk.

For ordinary drinking purposes of hospital help and standard patients.

For table use of patients to whom extra charges are made for service.

For special patients or patients under dietary care and children and invalid's certified milk is indicated.

GRADE

Grade B, pasteurized, which is ordinary market milk shipped to town in cans and there pasteurized. No special sanitary precaution beyond board of health rules are used on the farm. The city dairies give this milk the best care in their power, considering it a commercial product.

Grade A, pasteurized, which is milk produced on farm, scoring at least 70 per cent, and under certain requirements by the board of health, such as tuberculin tests and rules as to cleanliness and health of animals. The milk is cooled properly on the farm and shipped in cans to the city, where it is pasteurized in special pasteurizers and bottled as a separate product from the Grade B run of milk. This runs a uniform 4 per cent butter fat, or, if raw, natural milk is desired, inspected milk should be used.

Certified milk is produced under the requirements of a medical society milk commission, on a farm scoring not less than 90 per cent, or thereabout, with very complete rules and regulations as to the health of the herd, the

health of the employes, the upkeep of buildings, and sanitary equipment. The milk is cooled at once after each cow is milked, bottled and packed in ice until delivered to the customer. The bottles are perfectly sterilized, and every utensil is perfectly sterilized. It is delivered within 36 hours to the consumer absolutely as produced; no butter fat being added or taken away. This usually runs between 3.8 4.2 per cent. This milk is the safest, cleanest milk obtainable, and is delivered raw to the consumer. It can be pasteurized at the hospital, according to the physician's requirements.

In smaller cities it is often possible for the hospital management to obtain milk directly from the farm. If the management has sufficient technical knowledge of milk production, and time enough to inspect the farm at frequent intervals, and insists upon the requirements being met, an exceptionally fine product can be obtained. Such milk can be delivered direct in cans, but too much emphasis cannot be put upon proper and regular inspection for, unless a farm can be closely checked up by the hospital management, the milk supply will hardly ever be as safe as the commercial pasteurized article, always providing proper pasteurization has been performed at the dairy.

PASTEURIZATION NOT CURE-ALL

It must not be forgotten that pasteurization is not a cureall of all danger, as this can be poorly done and such milk is more dangerous than the raw, dirty milk produced on an average farm. Proper temperature, proper time of holding, and proper care after pasteurization is essential.

Right here allow me to digress for a moment with a plea for the more liberal use of dairy products. You are all familiar with Dr. McCullum's magnificent work on the subject of vitamunes in milk and realize the great food value of milk. A glass of milk is the equivalent of two eggs. Milk is a food, not a beverage. See that every patient is supplied with plenty of milk and butter.

The care of milk in the hospital is just as important as is its preparation and delivery. Upon arrival in the morning at the hospital the cans of milk should be immediately brought in and the milk poured into a commercial milk cooler, the can being washed and set out for the dairyman. Extreme care should be taken in choosing a sanitary cooler in which all surfaces are carefully rounded and any soldered joints are smoothly finished. Often pockets are found in the joints in which a calcium deposit from the milk forms and is an ideal breeding place for bacteria and which, it is my

From a paper, "Safeguarding the Hospital Milk Supply," read at the Wisconsin. Hospital Association meeting, Milwaukee, September 17, 1920.

AContinued on page 68) GOGIC

Hospital Library Service Established

Sioux City Public Library Furnishes Patients of Six Institutions with Reading Matter; Books Distributed Semi-weekly

By C. W. Sumner, Librarian, Public Library, Sioux City, Ia.

It was the privilege of the writer while camp librarian of one of the southern camps for a time during the summer and fall of 1918, to observe the splendid work of the American Library Association Hospital Librarian. He was impressed with the opportunity for service afforded by this work and resolved that upon returning to his local library, due consideration would be given to the matter of establishing library service in the local hospitals. If the A. L. A., co-operating with the military authorities and Red Cross, could establish and maintain library service in hospitals for the benefit of our convalescing soldiers, why could not and should not the Public Library at home also undertake to furnish library service to the many sick folks confined in our local hospitals? Was there not an opportunity here to carry over into civil life one of the good things so completely accomplished in military life?

On returning to Sioux City in October, 1918, we began immediately to plan to establish a new department of Hospital Service. The board of library trustees authorized the new work to be established in co-opeartion with the hospital authorities. It was soon found that they were enthusiastic about the undertaking. Prominent physicians and surgeons of the city endorsed the movement and gave their hearty support. A hospital librarian was appointed and plans for a campaign for books to form the basis of the permanent collections to be established in the various hospitals were made. The people of Sioux City were asked to contribute the books. As a result of an intensive campaign during the week of September 28 to October 4, during which time wide publicity was given to types of books wanted and even to lists of specific titles suitable for hospital use, the library secured over 5,000 volumes. The books given were in splendid condition and largely of the types requested. Many new books were purchased by individuals and given to the library for this service. Large containers were placed in the big department stores and book shops and library attendants were stationed in the stores to sell books for the Hospital Service, with results beyond our expectations.

With a collection now placed in each of the six hospitals ranging from 300 to 500 volumes and supplemented by the Main Library for special requests, with a Hospital Librarian employed to visit each hospital twice a week and find out from the patients what kind of reading matter is desired, whether it be a book of light fiction or a magazine, or whether it be a technical book, or even reading aloud that is desired, the Sioux City Public Library is the first public library, we believe, to establish such a service.

Six hospital book-trucks, designed after the latest model used by the A. L. A. in Library War Service were purchased at a cost of about \$250 and placed in the service. These trucks were donated to the library by our Sunshine Club, a local organization, the objects and purposes of which are "to bring happiness and good cheer into the lives of everyone and the promotion of good fellowship and fraternity between the citizens of our city."

We soon found that current magazines were in great demand in the hospitals. This problem is being solved through donations by members of the Sunshine Club, through the organizations of a Book and Periodical League in the Boy Scout and Catholic Cadet organizations, through donations of unsold copies by our magazine jobbers and through subscriptions placed by the library.

The question may arise as to what steps have been taken in order to guard against any possible spread of disease through the circulation of books in hospitals.

After conferring with prominent physicians and hospital authorities, as a matter of precaution and to safeguard



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VIEW OF READING ROOM AT HILLSIDE SANITARIUM



DISTRIBUTING BOOKS AT ST. VINCENT'S HOSPITAL

against the possible spread of disease, the following plan has been adopted and is rigidly adhered to:

- 1. Each hospital has its own permanent collection and books are not transferred from one hospital to another.
- 2. The books in each hospital collection are thoroughly fumigated at regular intervals.
- 3. Under no circumstances are books circulated to patients having contagious or infectious diseases. The Hospital Librarian makes it a point, on entering the hospital, to first secure a list of such patients as may be confined with contagious or infectious diseases. The number of each patient's room is taken and these rooms are carefully avoided.
- 4. Any books borrowed from the Main Library for special requests are thoroughly fumigated before being placed in circulation again.

During the "flu" epidemic it seemed wise to discontinue the library service for a time. However, the situation was so very unusual, it seems unlikely that it will be necessary to discontinue the service again unless a similar situation should arise.

What Sioux City has done in the matter of Public Library Hospital Service we believe any city can do. The field of Hospital Service "lies undeveloped at the door of practically every public library in America." Our experience shows beyond any question that the public is vitally interested in this work, so interested in fact that a generous public will make it possible for any library to undertake this service, with but very little or no call upon the budget, as compared with the regular departments of our work. The writer believes that the A. L. A. could do no better in seeking items for the Enlarged Program of American Library Service that will make a direct appeal to the public than to include in this program a specific endorsement of public library hospital service and encourage, promote and assist public libraries throughout the nation in every possible way in establishing this greatly needed humanitarian service.

Miss Rose A. O. Connor, the hospital librarian, details her experience as follows:

*The Sioux City Public Library in establishing its Hospital Service has undertaken an entirely new line of work from the public library standpoint. The preliminaries were

accomplished in a short period and the actual service was in full working order by December, 1919.

"The field of this service is as unlimited as are the varied tastes and interests of the hundreds of patients accommodated by the hospitals. Usually when we think of reading for the invalid it presents only the aspect of entertainment and relief from the many tedious hours to be spent in the hospital. This alone would warrant the Public Library in undertaking such a service, but there is another phase less often thought of, the use of books as a theraputic measure. The Hospital Librarian to be of real service must know her wares and human nature and should as well acquaint herself with the condition of each patient in so far as possible. Nearly all convalescents may read when proper selection is made.

"Much care and thought were given to the selection of books that were to make up the collections to be placed in the hospitals and only books of large, clear type and light weight were used, all books of highly finished surfaces being eliminated, as the patient in bed is at best much handicapped for reading, eye strain and nerve tension must be considered carefully.

"Many special requests have been received and a partial list of those filled may be of interest. They include books on concrete farm buildings, poultry raising, animal husbandry, child hygiene, Bibles, hymn books of various denominations. The service has also supplied materials requested by instructors of nurses' training classes, such as books on massage, orthopedic surgery, mathematics, chemistry and nursing.

"A point of interest in connection with the experience in the hospitals is the comment heard on the service. Recently the superintendent of one of the large hospitals expressed her pleasure and satisfaction by saying, "Though this service has been with us so short a time we already notice the psychological effect on our patients. With their interest centered in these splendid books they have less time and opportunity to think of their own condition and consequently are much happier."

The hospitals served are St. Vincent's, St. Joseph's, Samaritan, Maternity, Lutheran and Hillside Sanitarium. Each of these institutions is visited twice a week and at intervals visits also are made to the County Farm for the purpose of supplying reading material.

Arroyo Sanatorium Cafeteria Service

California Tuberculosis Institution Feeds Patients, Except Advanced Cases, and Employes by "Help Yourself" Method

By Alice M. Heinze, Dietitian Arroyo Sanatorium, Livermore, Cal.

Arroyo Sanatorium is a tuberculosis institution supported in another institution; beans and bean soup served at the by Alamedo County, the county in which both Berkeley and Oakland are situated. Our diet problems, therefore, differ somewhat from those of an ordinary hospital in which diseases of all kinds are treated.

In the case of treating the tubercular, the most essential thing is, of course, providing an adequate and proper dietone which is appetizing and varied and which supplies the proper food nutrients.

We are at present feeding 180 people, 130 of whom are patients. Most of the cases treated here are advanced cases, or were when they came here, but approximately fifty of these patients are able to come to the dining room for their three meals. We serve them cafeteria style, and also the employes, who have their separate dining room. The remaining patients are served their trays from the several diet kitchens.

We are fortunate in having not only excellent cooks at present, but in having an excellent grade of goods, foods of all kinds, furnished us. Our fruits and vegetables are bought in open markets, an arrangement which is far more satisfactory, I find, than under the previous system of getting them by contract from the Oakland dealers. I select the vegetables myself, and am able to get these directly from the grower, which means that they are fresh and hence go much farther.

Our staple goods, I can honestly say, are first class, even though they are bought at contract prices. Our milk is obtained from a dairyman, who brings us his entire supply. It tests up four per cent butter fat. At present we average about sixty gallons of milk daily. We are now using a case (30 dozen) of eggs daily. A hundred pounds of butter a week is our usual consumption.

Our aim is to have the cooking as nearly like home cooking as possible, and judging by results, I should say that we succeed very well. By directly supervising the cooking and taking upon myself the making of most of the salads and dessert, I find that complaints have practically ceased entirely. We now have variety-good salads and desserts, which take a very considerable amount of time because we have no modern appliances as yet, and different vegetables, soups and meats every day. We do not stint in our cooking, either in ingredients or in labor, but aim at getting the best results

Our greatest problem is to serve the food hot enough to our tray patients. The distances are great and the building is open on all sides, which makes it almost impossible to get the food there while still hot.

There seems to me to be a very considerable amount of truth in the statement that some hospitals do not serve good food. Some even supposedly first class hospitals do not feed the proper kind of diets, nor do they provide first-class goods. Bakers' jelly, made from glucose, phosphoric acid, artificial coloring and apple parings which I saw served in one of the best hospitals in San Francisco, surely is unfit for even healthy individuals, let alone any sick people.

I've seen Spanish stew composed of every possible leftover, sausage, liver, kidney, meat balls, together with scraps of various roasts, etc., served to patients as well as nurses same meal and to all patients, regardless of whether the patient were a surgical or maternity case, or merely had a broken arm. Hot biscuits, creamed cabbage and beans were served to sick children, and so on.

My contention is, that the cost of a meal should not be estimated by the initial outlay for food without taking into consideration the actual amount which is deposited each day in the garbage can.

Below are a week's menus, selected at random. I might explain that we do not buy any cream as such, but are careful to set aside a certain amount of milk which we skim to use for puddings, while the remainder is used for soups, chocolate, etc. We serve whole milk on our cereals and for the coffee.

SUNDAY

Breakfast Dinner Roast Beef-Gravy Oranges Mashed Potatoes Steel Cut Oat Meal Bacon and Eggs Succotash Toast Pickled Beets Peaches

Supper Cold Sliced Tongue Vegetable Salad—Mayonnaise Cake Pincapple Sponge Chocolate Cake

Cream-Hot Chocolate MONDAY

Brcakfast Grape Fruit Oat Meal Mush Scrambled Eggs Fried Potatoes-D. R.

Dinner Beef Steak Baked Potatoes Stewed Onions Sliced Pineapples

Supper Cream of Bean Soup Cold Meat-Scalloped Potatoes Beet Tops and Egg Salad-D. Room Egg and Lettuce Salad-Wards Mayonnaise Baked Apples-Cream TUESDAY

Breakfast Apple Sauce Cracked Wheat Pancakes-D. Room Soft-cooked Eggs Toast

Dinner Lamb Roast Boiled Potatoes Creamed Parsnips Pineapple Sago Cream

Supper Cream Onion Soup Beef Hash Stewed Corn Sour Beets Bread Apple Pudding Cream WEDNESDAY

Breakfast Grape Fruit and Oranges Steel Cut Oat Meal Scrambled Eggs Toast

Dinner Veal Roast Mashed Potatoes Bread Dressing Creamed Turnips Peaches

Supper Barley Vegetable Soup Lamb Curry-Boiled Rice Asparagus Salad Prune Pudding Cream

(Continued on page 80)

Inventories Reduce Losses of Linen

Frequent Surveys Check Carelessness and Waste — Lettered and Numbered Sections in Linen Room Make Supplies Easily Accessible

[Editor's Note—This, the fourth article of a series dealing with the operation and equipment of a hospital laundry, describes methods of checking and distributing linen and practices in linen room storage. The suggestions contained in this article should be of practical interest to hospital superintendents since losses of linen are frequent.]

The first step in determining the linen supply of a hospital is to take an inventory. This can be done in thirty minutes under the supervision of the superintendent if carried on simultaneously in every department. While the count is on the location of linen should not be changed, thus avoiding confusion and duplication.

Every piece of linen should be checked: in the laundry, linen room, storage room, wards, private rooms, dining room, nurses' home, dispensary, X-ray and operating rooms. Detailed typewritten lists of the inventory should be kept for the superintendent, who thus has a complete survey of the institution's linen equipment. The inventory should be made at regular intervals, and if checked with renewals should at once enable the hospital head to know what his linen supply is.

The hospital seamstress should be located in the linen room, and thus be easily accessible to supplies. The linen room also can be utilized for the storage of winter flannels and winter blankets.

MOTH PROOF CONTAINERS VALUABLE

Economy in avoiding the destruction of woolens by moths can be had by placing the former in moth-proof containers. Wide shelves for these should be provided in the linen room. Containers should be of uniform size and for blankets large enough to hold four. Containers for counterpanes should have a capacity of twenty. Properly marked tags attached to the containers serve to identify their contents. A standard form of folding should be adopted.

If the shelves are divided into sections and then lettered and numbered, it is simple to issue an alphabetical list of all the linen equipment, uniforms, etc., lettered and numbered to correspond with their locations on the linen room shelves, and thus make easily accessible any amount of supplies called for.

Indiscriminate passing out of linen should be avoided and stated hours should be established for supplying needs and then only to duly authorized persons on requisition. Keys to the linen room should be in the hands only of the superintendent, night supervisor and the person in charge of that room.

With the system outlined and rigidly followed out, linen room losses can be reduced from 65 to 85 per cent. Even when a painstaking routine is not maintained, a record and stated inventory acts as a semi-check and reduces losses fully 50 per cent.

COLLECTING THE LINEN

Some hospitals utilize chutes to bring soiled linen to the laundry.

Another system of collecting the linen is to pack it into rubber wheeled hampers with closed tops and flexible covers.

Flower Hosptial, New York, is effecting a reorganization of its laundry department. A central storeroom is being established in the basement in which all linens will be stored. Linens have been ordered in sufficient quantity to furnish each ward a complement of linen sufficient for their needs for thirty-six hours.

The chute system of collecting laundry has been abandoned, and a clerk in the laundry storeroom, aided by a porter, will collect all soiled linen from each ward, operating room and other departments, and return to the department a like amount of clean linen.

Soiled linen received at the linen exchange room will be counted, receipted for by the head laundryman, and his receipt returned to him when it has been returned to the laundry storeroom. This, it is expected, will do away with the possibilities of loss through carelessness and possible dishonesty.

FORMS SHOULD BE PROVIDED

Simple forms for recording the quantity and kind of linen should be provided when it is being collected for the laundry, the record acting as a check upon the laundry which must turn back the amount received. When a discrepancy occurs the laundry must be charged with the difference. Care will then be observed in that department to guard against loss either through carelessness or theft.

Careful marking of laundry to discourage thieving is imperative. This may be done with a marking machine, assuring uniformity and permanence, or with a blunt pen and good ink, so that the mark will not easily wash out. The marking may be pressed in with an iron so that it penetrates the fiber. Sheets should bear the name of the institution, which should be woven in, as labels are bound to come off in time. Sheets also may be stamped with inch-high letters.

It is an excellent plan to adopt a laundry symbol for each department, and have it affixed to each piece of linen.

With the present high cost of linen too much care cannot be exercised in getting the fullest possible use out of such equipment. A competent seamstress can lengthen the life of linen and discarded linen can be put to other purposes. It should not be thrown away until it is in shreds.

SAVING BY REHABILITATING GAUZE

New York Hospital, New York City, has effected a saving of several thousands of dollars annually through rehabilitating gauze.

This work is done by the laundry. All gauze, except when too badly stained, is soaked in water with several changes until the water no longer is discolored. Then it is immersed in hot water and soda; then in lukewarm water.

Bleaching is the next step or the contents of five cans of chloride of lime may be used. Next the gauze passes through a soap washing, is then boiled, given a rerinsing in boiling water and two in cold. The gauze is then ready for use again.

New York Hospital winds and cuts it own bandages with a bandage machine, which may be adjusted to cut bandages of any required size. It has been found that buying bandage material in bolts and cutting the bandages with the machine makes their cost considerably lower than purchasing ready-made ones.

"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round



PLINY O. CLARK, Superintendent Presbyterian Hospital, Denver.

Mr. Clark, who is one of the ablest hospital executives in the country, recently returned to Denver from the Montreal convention of the American Hospital Association, having inspected a number of the leading hospitals, both going to and returning from the A. H. A. meeting. Plans for the Presbyterian buildings, which will cost more than \$2,000,000, now are being drawn, and several new ideas will be incorporated in them as a result of Mr. Clark's trip.

The Presbyterian Hospital eventually will house 1,500 patients. The site for the institution comprises nearly sixteen acres, being on an elevation and in an ideal location.

Mr. Clark, whose development of the Ohio Valley General Hospital, at Wheeling, W. Va., resulted in his being selected to head the new Denver institution, has been engaged in the work of organizing the new hospital and in supervising preliminaries for about a year.

At the Montreal convention Mr. Clark's paper on "Community Funds for Maintenance and Capital Expenditures" was one of the most interesting of the meeting. It is reproduced, in part, elsewhere in this issue.

Sidney G. Davidson, superintendent of Baptist Memorial Hospital, Memphis, who was elected second vice president of the American Hospital Association at its recent convention, has succeeded R. W. Yengling as superintendent of the Youngstown, Ohio, Hospital. Mr. Yengling, who is a pharmacist, is resigning to enter the drug business. Dr. W. R. Bethea has been appointed temporarily to fill the vacancy at Baptist Memorial. Mr. Davidson began his hospital work with the Bureau of Municipal Research of New York City, being assigned to the health department where, for three years, he was under Dr.

S. S. Goldwater. Later he went to Philadelphia to develop the Babies' Hospital and its dispensaries. He served as superintendent of Samaritan Hospital, Philadelphia, for two years before going to Baptist Memorial in April, 1919. Mr. Davidson took charge at Youngstown November 8.

Miss Hazel Chambers, a graduate of Ames Agricultural College, has succeeded Miss Esther Ackerson as dietitian at Michael Reese Hospital, Chicago. Miss Ackerson will take charge of the dietary department of the Chicago Beach Hotel about December 1. Miss Chambers has been assistant dietitian at Michael Reese for about a year.

Dr. Marion S. Reynolds, assistant physician at the Columbus (Ohio) State Hospital, has been appointed superintendent of the Children's Hospital of Columbus, succeeding Miss Lilly D. Atkinson, who resigned to take a course in public health nursing at Columbia University. Miss Atkinson was superintendent for seven years. Dr. Reynolds is a graduate of the medical college of the University of Michigan, and practiced at Alhambra, Cal., prior to her appointment to the State Hospital two years ago.

Dr. E. L. Hughes has been appointed superintendent of the Greenville (S. C.) City Hospital, following the resignation of Dr. J. D. Aronson, who resigned to go to the Phipps Institute for Tubercular Research in Philadelphia

Miss Theodora LeFebvre, superintendent of the New York City Hospital training school, Blackwell's Island, has made a series of talks in New York state to young women and girls of various communities on the general theme of nursing. Pictures and slides of Florence Nightingale and various phases of modern nursing methods have been used in connection with the talks.

Miss Alice M. Pashley, of Seattle, has purchased a controlling interest in the Lewis and Clarke Hospital of Spokane, and will direct its operation. The institution has a capacity of twenty-six beds. Miss Mary Martin of Seattle will be superintendent of nurses, and Miss Olive R. Lovering dietitian.

Miss Anastasia McConnell is superintendent of the Mercy Maternity, Charleston, S. C., which recently was formally opened in its new building with a capacity of 18 rooms. Miss McConnell took a course at the New York Lying-In Hospital to fit her for her new duties. She previously was superintendent of Riverside Hospital. Charleston.

Miss Catherine M. Obert of Leighton, Pa., has succeeded Miss Mary Earle Hale as superintendent of the Western Maryland Hospital at Cumberland. Miss Obert was formerly superintendent of the Medico-Chirurgical Hospital. Philadelphia.

J. R. Magill, formerly assistant superintendent of the Baptist Memorial Sanitarium at Dallas, has assumed his duties as superintendent and business manager of the Central Texas Baptist Sanitarium at Waco, Tex.

Mrs. Amelia H. Wheeler of Troy, N. Y., is the new superintendent of the Lakeshore (Ark.) Hospital, and principal of the nurses' training school. Mrs. Wheeler is a graduate of Troy Hospital training school, and served overseas.

Miss Anna E. Radford, superintendent of the Charlesgate Hospital, Cambridge, Mass., is expected to return from France the latter part of November. She has been abroad for two months studying methods in the reconstruction schools of Paris and Bordeaux, and during her trip she was scheduled to lecture before the Societie de Blesses Militaires and the French Red Cross on the development of nursing in the United States. During Miss Radford's absence Miss Charlotte C. MacDonald has been acting superintendent at Charlesgate.

THE HOSPITAL ROUND TABLE

How to Prevent Fires

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In connection with the observance of fire and accident prevention day this year, the following suggestions for preventing fires were distributed. All of them can and should be practiced by hospital employes. The suggestions are:

Don't put ashes in other than metal receptacles, and don't dump them where they will come in contact with combustible materials.

Don't use an open light when looking for escaping gas, or in the presence of inflammable liquids.

Don't use insecticides or liquid polishes in the vicinity of open flame lights.

Don't use gasoline or benzine to cleanse clothing near an open flame light or fire.

Don't permit oily rags to lie around.

Don't hang electric cords on nails.

Don't make bonfires of rubbish where the wind can scatter it. Burn it in a container.

Don't throw away lighted matches, cigars and cigarettes. Neep waste paper and rupbish cleaned up, and remove from building at least daily.

Keep gasotine in safety cans and in a safe place.

Smiles Are Profitable

A superintendent whose hospital is noted for the fine spirit of its "family," when asked to explain this morale, attributed it to a round of cheery "good mornings," which she dispensed daily.

"The first thing I do when I begin work in the morning," she explained, "is to make a tour of all departments for the express purpose of wishing everyone a "good morning." I regard this task as the most important of the day, for each person addressed returns the greeting with a smile that starts him or her at the early duties in a happy frame of mind that invariably continues throughout the day."

The few minutes required for this greeting, the superintendent added, are amply repaid by the zest and good will with which everybody begins work, and the smile is a most profitable investment.

Bulletins for Public

Bulletins issued by hospitals at varying intervals for the purpose of interesting the general public in the activities, aims and needs of the institution are a phase of publicity that is being adopted by an increasing number of hospitals. In fact, English hospitals also have taken up this means of bringing their wants to the attention of their communities and the success achieved in that country has resulted in the adoption of the idea by numerous other institutions.

These bulletins, of course, do not in any way take the place of the annual report of the hospital. They are written in a friendly, non-technical style, about subjects of general appeal. No medical statistics are given and the whole idea of the bulletin is to present to the people facts concerning the hospital which they should be interested in and which they should know.

Charts Are Effective

ACTORISM CONTRACTORISM CONTRACTORISM

The use of charts by hospital superintendents to show the various accomplishments of the institution is a growing practice. This idea, which has been borrowed from "big business," is particularly worthy of widespread adoption among hospitals since every activity of the institution can be charted and when charted can be presented with a great deal more force than by colorless rows of figures. A chart, for instance, offers a particularly striking method of emphasizing the firancial needs of an institution. The amount of free work, presented in symbols along with the inadequate revenue from patients, endowments and other sources, will be impressed on a person much more grap'i-cally than would be the case if the subject were presented through mere statements of revenue, expense and deficit.

Welfare Worker for Employes

Hospital superintendents are beginning to realize that in their capacities as executives, they owe the same duty to their employes that a business or executive industrial executive owes. The development of a welfare departmnt for the benefit of the help is an indication of this realization. Employes of a hospital have the same sorrows and problems as those in a factory or business establishment and they can not be expected to give the same efficient service in trouble that they would when they have no worries to harass them. The increasing number of hospitals that have recognized this fact and that have included their employes among those served by the welfare department of the institution is proof of the fact that hospital superintendents are rapidly realizing the economic value of a satisfied and happy employe.

The Hospital Hostess

A hospital in the East has begun a solution of the problem of visitors that will be watched with interest by all superintendents, for everyone has had more or less experience with the noisy or thoughtless friend or relative whose presence at the bedside meant discomfort or worse not only to the person visited, but to nearby patients. nurses and others. The institution referred to has employed a "hospital hostess" whose duty is to meet the visitors, escort them to the patient they desire to see and to render any other similar service. This innovation as yet can not be judged definitely as to its worth, but thus far it has given promise of being a decided step forward in the matter of eliminating much of the discord incident to the presence of visitors. The hostess, for instance, has an opportunity to tell the visitors in a tactful way how unnecessary noise or loud talking will have its effect not only on the friend or person they came to see, but on others as well. Her efforts to avoid noise in taking the visitors to the patients will further emphasize this fact. The idea of a hostess, at any rate, has proved a big improvement over the haphazard method of handling visitors in many hospitals. Digitized by Google

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Vol. X

NOVEMBER, 1920

No. 5

Our Platform

- 1. Better service for patients.
- 2. Hospital facilities for every citizen.
- 3. Adequate training for hospital executives and staffs.
- 4. Education of the public to its responsibility and duty toward hospitals.

Borrowing a Volume from Industry

The advantages to be derived by a hospital superintendent who will visit an industrial plant or business institution and study and adapt administrative and operating methods were pointed out at the American Association convention at Montreal in a paper by Dr. Harold W. Hersey, superintendent New Haven Hospital, New Haven, Conn., in a paper that was published in October Hospital Management.

This paper, which has been widely discussed both at the convention and later, has served to emphasize again the many sided aspects of the present day hospital and the necessity of executives to keep constantly abreast of developments and advances in methods and ideas relating to many subjects. Some results of this paper already have come to the attention of Hospital Management, a case in point being that of a hospital that is improving its accounting system by adapting methods described by an industrial expert. Undoubtedly many other hospitals will be impelled

to increase their efficiency by following Dr. Hersey's suggestions which he himself has found profitable for many years.

Dr. Hersey's ideas, however, also have been followed by other superintendents in various parts of the country. A typical instance is a middle western superintendent whose itinerary of inspection includes department stores, hotels, industrial plants, mercantile houses, laundries and any other establishments that he thinks may yield valuable suggestions. Occasionally this superintendent has been able to lift bodily some phase of department store administration, and frequently the hotel kitchen also has given him an idea that he can adapt without change.

Hospital executives some time ago discarded the idea that a hospital was a place where the sick merely were to be sheltered and treated. Comforts and conveniences now are provided as a matter of course that not so long ago would have been classed as unheard of luxuries. The increasing scope of service rendered necessitates increased knowledge and administrative efficiency.

As Dr. Hersey pointed out, the industrial and business fields offer an invaluable source of ideas and suggestions along these lines, and no superintendent who wants to keep up with the times will overlook the factory, store or office, which must apply modern methods to survive.

Three Years of Real Accomplishment

The remarkably successful convention of the American Dietetic Association held in New York October 25-27, a report of which is contained in this issue, indicates the growing importance with which the subject of food preparation and service is regarded not only by hospitals, but by industry and other fields as well. Hospitals, of course, have long realized the value of proper food selection and service in connection with the treatment of patients, and they are taking a leading part in giving to the dietitian the recognition that is her due.

The readiness with which hospital superintendents responded to the questionnaire sent out by the American Dietetic Association regarding the compilation of a standard dietetic curriculum for student nurses is further evidence of the attitude of the hospitals on this subject. The efforts of the A. D. A. to standardize the training of dietitians likewise mark another step forward for dietetics, and will redound to the further credit of the American Dietetic Association.

For an organization that is scarcely three years old. the American Dietetic Association has done a remarkable amount of constructive work, and its accomplishments speak volumes for the ability and foresight of its officers and members.

The Modern Industrial Physician

As Dr. Sawyer points out in his paper in this issue, industrial medicine, although of comparative recent origin, has advanced far beyond the stage of "industrious medication" where the industrial physician considered himself as discharging his duties if he rejected the unfit, bound wounds and performed other routine tasks in a purely mechanical fashion.

Today the physical examination in only few cases means absolute rejection, for the industrial physician is a job analyst and one of his important duties is to fit the applicant to the task he is most suited for. Certain physical handicaps that once barred a man from employment now do not forbid his employment in some other department of the plant, but even

Hospital Convention Calendar

Connecticut Hospital Association, New Haven, November 18, 1920.

Michigan Hospital Association, Grand Rapids, December 7-8, 1920.

American Sanatorium Association, Rochester, N. Y., December, 1920.

National Methodist Hospitals and Homes Association, Chicago, February 15-16, 1921.

Ohio Hospital Association, Toledo, May, 1921.

Oklahoma State Hospital Association, McAlester, May, 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

American Medical Association, Boston, June, 1021.

National Tuberculosis Association, New York, June, 1921.

Mississippi Valley Conference on Tuberculosis, Cedar Point, Ohio, 1921.

Mississippi Valley Sanatorium Association, Cedar Point, Ohio, 1921.

American Medico-Psychological Association, Boston, 1921.

New Jersey Hospital Association, Atlantic City, 1921.

Georgia Hospital Association, Macon, 1921.

National League of Nursing Education, Kansas City, 1921.

American Nurses' Association, Seattle, 1922.

National Organization for Public Health Nursing, Seattle, 1922.

after placing the man the physician does not regard his obligations as fulfilled. Curative measures are being adopted in more and more industrial medical departments and many an employe has been relieved of some defect through the work of the plant floctor.

A more recent development in the field of industrial medicine is the inclusion of officers and executives of a company among those benefited by the medicat department. This step is only logical since the idea behind industrial medicine is to obtain the best service from each employe. An executive is of immeasurably greater value to a company than an ordinary employe, hence he also should be projected by the service rendered by the medical department.

The adoption of an efficient system of records and the proper use of these records is a practice that is being followed by a growing number of medical departments. Periodic physical examinations also are coming to be recognized as essential in keeping down labor turnover.

Other instances of the growth of industrial medicine beyond the "industrious medication" phase are too numerous to mention.

In short, industrial medicine has grown to the stage where it does not regard its duty as done unless employes are kept contented and efficient as well as healthy. No longer is medical knowledge the only requisite of the successful plant physician. Sympathy and broad vision and an insight into the administration of the plant are becoming more and more important. The value of the industrial physician has grown

with this development and he has earned recognition as an important factor in production.

America Influences Foreign Hospitals

The part America is playing in the rehabilitation and development of hospital facilities in war stricken areas is indicated by the report of the American Zionist Medical Unit, which is the basis of an article on another page. In two years this unit, which is working in Palestine, established four hospitals, with 225 beds, built a pathological laboratory, opened nurses' training schools, established numerous dispensaries and treated nearly 400,000 patients. These accomplishments, which represent only part of the two years' labors, are still the more remarkable considering the fact that they were effected in communities almost destitute of food and clothing and where sanitary conditions were of the worst. Lack of supplies, seemingly impossible transportation problems and other serious handicaps were overcome by the Unit which now commands a staff of nearly 400, including 45 physicians and dentists and more than 100 nurses. As. I. M. Rubinow, director of the Unit, says, the influence of American standards upon the development of medical aid in Palestine is not limited to the number of American physicians and nurses with the Unit. Native physicians are receiving modern clinical training in the dispensaries and hospitals and, in fact, the well defined program of the A. Z. M. U. may be considered the beginning of a future Jewish university.

In other parts of the world, also, American ideas and American methods are improving hospital standards and providing greater hospital facilities. War conditions which have afforded American business men a golden opportunity to increase their influence and scope, also have given the same opportunity to the hospitals and they are taking advantage of it.

Better Accounting For Hospitals

Although many hospital superintendents have long recognized that an efficient method of accounting is indispensible, it apparently required the emphasis laid on the business side of hospital administration at the Montreal convention of the A. H. A. to bring its importance to other executives. At least, in the past few weeks a noticeable trend toward better accounting has taken place and superintendents of many smaller institutions have made inquiry regarding information on this subject.

It is admitted that an accounting system to be of the greatest service must show a great deal more than mere totals of revenue and expenditures, but there are many hospitals whose record of financial transaction does not disclose much more than that. Whether or not it is feasable to formulate a standard system of accounting for hospitals is a question that often is asked. The majority of superintendents assert such a method is impossible, contending that no two hospitals in the country are operated in exactly the same manner.

The attention being given this matter, however, shows that the question of accounting is being seriously considered by a large number of superintendents who heretofore have not given this subject the study it merited. This agitation, which was revived as a result of the recent convention, means that many institutions will improve their methods and that thus they will be in a position to improve their service since a better accounting system will show at once when breakdowns or lapses in any department occur.

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Dental Dispensary in Magneto Plant

Work of Half-time Dentist Is Important Part of Medical Service for American Bosch Corporation Employes

By A. D. Rood, M. D., Physician in Charge Medical Department, American Bosch Magneto Corporation, Springfield, Mass.

On March 1, 1920, the American Bosch Magneto Corporation, Springfield, Mass, incorporated into its personnel department a system of medical supervision which not only includes the treatment of industrial casualties occurring throughout the plant, but also assumes a medical and dental responsibility by treating its employes and their dependents both in the factory and in the home. It is understood that these services are free of charge and subject to the voluntary acceptance on the part of the employe.

The department consists of a waiting-room sufficient to accommodate ten persons, two rest-rooms, a lavatory, one large dressing-room for the treatment of injuries, one dental office, and one office for the physician in charge, a total of seven rooms, located at the left of the main entrance.

The work is in charge of a full-time physician, assisted by a half-time dentist and two registered nurses. Cases demanding special attention, such as X-ray, eye, ear, nose and throat work, etc., are referred to outside men. No surgical case of major importance is treated at the factory, and, to the credit of the safety staff, it should be stated that for five months the most serious accident that has occurred has been the amputation of a finger at the terminal joint (a good record for a corporation employing 2,500 persons operating 1,427 machines).

All dental work is carried on by one-half hour appointments, and consists of the diagnosis of oral conditions, prophylaxis extractions and fillings. Bridge, plate and gold work is not permitted. This department has been of special value in locating focal infection, and its success is vouched for by showing a full appointment book for two weeks in advance. All dental work is free of charge with the exception of a nominal fee for the material used for fillings. A fee of more than thirty-five cents is unusual.

As before stated, the number of surgical cases has been reduced to a creditable minimum owing to a well organized system of installing safety devices. For this reason the greater part of the work comes under the heading of internal medicine. The patients are carefully examined and detailed records are kept on cards so arranged that statistics may be easily collected.

To summarize, the medical department of the American Bosch Magneto Corporation represents far more than a superficial first aid. It has become a mutual asset to both employer and employe by endeavoring to extend to each a service that is vitally interested in the surgical, medical, hygienic and economic welfare of all concerned.





VIEWS OF AMERICAN BOSCH MAGNETO DENTAL DISPENSARY AND HOSPITAL

Examinations of Major Importance

Complete and Painstaking Survey of Employes Necessary for Successful Medical Work in Industry—Other Fundamentals

By W. A. Sawyer, M. D., Medical Director, Eastman Kodak Company, Rochester, N. Y.

It is my desire to focus attention on what seem the logical basic essentials for industrial medical practice. No doubt there are ideals held by at least some which keep us ever pushing towards a fuller program. All very well, if at the same time we are avoiding the snare of too much individuality and making all possible progress along lines of co-operation and interest. Therefore, first of all we must have a spirit of sympathetic understanding from the top of the concern. Second, I cannot over-emphasize the value and need of adequate personnel. Adequate first in quality and then quantity. I know of nothing so impossible to do without as the spirit of sincerity and confidence, emanating from the head of the medical organization reflected and augmented by the personality of each assistant, doctor, nurse or even stenographer, in order to warrant the faith and produce the support of the employer and the employe.

It seems hardly necessary to mention equipment and quarters, for while they are of no small importance, there can be no definite rule. That the quarters should be clean, cheerful and business-like goes without saying. It should accommodate the necessary privacy and equipment. The latter should include a real system of records as well as medical and surgical accessories. The elaborateness of these is no indication of the success of the department, but the kind of a program, the evolution of the possibilities within the scope of the service, this is evidence of the usefulness of the organization.

I once visited a factory dispensary where a full-time doctor was in charge, and where it was only necessary for an employe to come to the doorway and ask for this or that medicine, much of which was in liquid form, in bottles all labeled with directions, and which were handed out without a question or a thought as to why or how. A large percentage of the clientele never crossed the doorsill, and often they took with them this or that favorite remedy for a fellow-worker. This might be called "industrious medication," but not "industrial medicine." The industrial doctor who realizes that certain changes are unavoidably overtaking the field of medicine, and who helps to give hygiene and education the place they are inevitably to assume, is surely adding length to his stride for success.

PHYSICAL EXAMINATION FUNDAMENTAL

Time does not permit of a comprehensive survey of all that enters into success in this field for there is as much needed here as is needed elsewhere in the field of medicine, but when I permit my mind to dwell upon its manifold opportunities I return always to one important fundamental, namely, the honest, salutary and intelligent physical examination. The first thing that enters the mind of a doubter on this subject is the supposed unwilling or even antagonistic attitude on the part of the employe. In concluding that this attitude is the case, it is my experience that too much is taken for granted, and not enough given for the method of procedure. A

From a paper on "Fundamental Requirements for Successful Medical Work in Industry," read before joint meeting of American Association of Industrial Physicians and Surgeons at Ninth Annual Safety Congress, Milwaukee, September 29, 1920.

thorough physical examination, properly recorded, explained to the examinee, repeated periodically following up the delinquent and defective, develops a very solid basis for a thorough preventive and curative program because service which is carried through can be understood, then appreciated and ultimately greatly desired by the recipient.

In most instances when physical examinations are mentioned all that is thought of is a rather superficial survey at the time of taking up employment with an organization. Such a cursory examination is better, perhaps, than none, but where can the line honestly be drawn? The real reason, the one mutually advantageous to both the employer and the employed, for the maintenance of a medical department is to sustain good health for each individual, with every worker at the job for which his physical qualifications at least do not unfit him. This not only requires a thorough examination, but obviously presages job analysis, for how can the doctor determine a man's fitness to do a certain task unless he knows just what that job entails? In many plants neither the doctor nor the employment department know the job's requirements.

By no means have we begun to realize all the possibilities of the proper selection of workers from the physical standpoint, and we haven't scratched the surface on it from the mental viewpoint. It doesn't require much familiarity with the possibilities of mental analysis to become impressed by the subject, and there seems no reason why eventually this may not become a very important part of a complete physical examination. By this, I mean not only an intelligence test, but something which will bring out motives, desires, inherent stability and balance. I'd like you to give this some thought as you go about your work and see if something of benefit may not be produced. But to return to the present, where the physical examination is a means to a worth-while end and not an end in itself, little opposition arises. As preventive measures increase, less of the narrow viewpoint will be in evidence. Then, too, much of the old-time opposition to the physical examination because it so often simply meant rejection will soon pass away, for we are coming to feel that every man has a right to work and jobs must be found in which all can work with reasonable safety.

CONDUCTING AN EXAMINATION

May I detail here my conception of conducting a thorough physical examination which will be a satisfaction to all concerned? We will presuppose that the applicant has been interviewed, perhaps shown the job, trade tested and examined as to intelligence in any one of several different ways, and is at last sent to the doctor for a physical examination. With him, of course, comes the specifications of the job for which he is scheduled. First of all the preliminary data is obtained by a nurse or a clerk, together with weight taking and eye and ear testing. An introduction to the doctor should then take place, following which ensues first a rather detailed questioning as to previous medical history. This is done to advantage by the doctor and permits of an opportunity to size up the individual. Then comes the actual physical eaxmination which should be as painstaking as that of the best insurance companies, if not as that of our army. Only by such an examination can a true and complete estimate be made of the human machine.

If an impairment is found it should be explained briefly, though sympathetically, and if cause for rejection is found, such information should be given to the examinee as the case indicates. Perhaps this might be supplemented by little leaflets given at such a time, explaining in a more detailed way just what the condition involves. If he has not previously been aware of the condition, he will leave feeling perfectly certain that a real service has been done, whereas if the examination is made in silence and the report of rejection returned to the employment department in a sealed envelope it is more than likely to result in resentment or ill feeling. Only by putting all the cards on the table is greatest satisfaction rendered.

At the conclusion of the examination the doctor should hand the examinee a blank form on which is asked questions relating to hygiene and habits and the general family health. In doing this it should be explained by the doctor that if the examinee desires a written report of the examination it can be had by properly filling in this blank and returning it. As a rule more reliable answers to such questions can be filled out when there is time for some consideration. When this information concerning personal habits and family health is received, it should be reviewed in conjunction with the physical examination and the report sent out, outlining any impairment or correction of habit which seems indicated. A statement should go with it, saying that this report is a basis for future examinations to which the employe is entitled yearly or oftener if necessary, explaining that the maintenance of health is an asset and any real advancement or promotion in business is precarious without it; and that health is more often the result of vigilance and proper living than anything else. The future relationship of the medical department to this individual is built upon this initial contact and understanding, for better or for worse, as the case may be.

DUTIES OF MEDICAL DEPARTMENT

If the employe be fit physically, then the duty of the medical department toward him is prevention, through health education. If, however, he is in need of better glasses or dental attention, or has an impaired heart, then, follow up is plainly the duty of the department. Curative as well as preventive measures are in order. Here we are immediately concerned by good working conditions, sanitation, proper nutrition, studies in fatigue, etc. Only by thus intelligently and scientifically beginning a relationship with each new employe can the medical department adequately cope with the problems which may arise, and I am sure, in this way largely will the employe be impressed with the ability of the medical department to serve his needs.

Such a plan as above outlined would perhaps need modification or adaptation to each industry. With groups of aliens, for instance, who understand but little English, the difficulty increases, though it might be in conjunction with a sick benefit association, having periodic physical examinations as a requirement for membership, that the point of contact could be made. There is usually some way. If a worker's intelligence does not permit him to take advantage of what is offered, the medical department can accomplish much by a persistent program of education and follow up, not failing to avail itself of the advantages of publicity work, urging and arousing those with impaired physiques to remedy the condition, and eventually discharging the few who refuse altogether to heed

advice. The extent to which this can be done, together with the percentage of rejections at the time of initial eaxmination, of course, bears a direct proportion to the labor supply.

If industry is to make the most of its findings it should be able to pass these impaired workers in each industrial community on to organizations which place at satisfactory employment those crippled, with weak hearts, lungs, etc. These men and women who are not able to pass as able bodied workers should have the opportunity for appropriate training and subsequent positions just as rightfully as those incapacitated from accident. In as much as the goal of industrial medicine is more efficient and happier workers, it should be the constant aim to pass at the time of initial examination only those individuals who are able-bodied and properly equipped to stand the strain of our present industrial life. Those passed certainly deserve the opportunity of care and supervision in order to maintain their potential qualities of strength, or to eliminate in due time an impending handicap.

RECORDS SHOULD BE USED

The value of periodic re-examination depends very largely in the efficiency and the use made of the records kept. For some reason industry generally is not making the most of its advantages here. I know of organizations long established which are finding rather frequently that among their older employes looked upon as healthy, are those succumbing to ailments of various kinds and often sudden death due to conditions which have been developing gradually and which often might have been prevented or, at least, retarded, had a systematic periodic survey or inventory of the human physical equipment been made. This is by no means valuable only to the employe, but often would save years of valuable experience to the company. Considering the average employe, it is, perhaps, from the company's position, not so obviously worth while, but when the turn-over can be held at all within normal limits it will surely bring results. Of those who handle food in any way, such as in company restaurants, examinations every three months should be made, together with exacting supervision on the part of the one in charge, to see that a very high standard be maintained in regard to colds or other contagious conditions.

With respect to periodic physical examinations for executives, both little and big, nothing in industrial medcine can pay such handsome dividends, and so completely sell the worth of the work as a whole. It is a notorious fact that most men holding large positions because of their responsibility infringe on their health and fail to take into account those things which make for continued efficiency and longevity. Each year records a large number of men in high positions dying prematurely of diseases that could have been prevented. Now I realize full well that merely examining such men yearly or half yearly and appraising them and giving advice will not accomplish our purpose, because most of them receive good advice and only when there is a well-established channel for taking care of such cases will results be obtained. When the medical department comes into the possession of facts which plainly indicate that a certain executive needs rest or treatment, the word should be passed on to the head of the company, or of the department, and necessary pressure exerted to bring about proper action.

A careful study of absenteeism from sickness reveals many interesting facts, and this is best made at the time of stated physical re-examinations when records of absenteeism have been consulted in connection with what is learned from questioning. It may be found by such examination that the employe is no longer fitted for the

work he is performing, and perhaps a transfer or short rest will re-establish health.

Industry cannot afford to carry too large a percentage of individual liabilities or potential hazards, and yet, I believe it is agreed that everyone should be given the opportunity to work at some form of profitable employment, so a certain proportion of these handicapped cases must be absorbed. The workmen's compensation boards need to co-operate if industry is to admit to its ranks men and women who are obviously accident liabilities. At present no protection is given to the employer, and naturally he does not wish to take on the obvious risk.

Whether we like to admit it or not, most of us realize that the type of medical care which the average person receives is not always of the best—time and equipment on the part of the average practitioner are often lacking, if not ability and desire. How often do you hear of this or that worker who has been to not only one doctor, but several, without receiving an adequate "going over?' One man treats him for this and the next man treats him for that, and at the end of the period the individual knows no more about his condition than at the start, and he may be far from being better.

Is it not a logical evolution for the periodic physical examination to become a diagnostic clinic. In this, the opportunity to give the worker the truth as best we see it, thus forewarning and forearming him, is perhaps the most effective weapon we have against charlatans, quacks and pretenders generally. For instance, are tuberculosis clinics and associations ever going to gain real headway against the disease until industrial communities and the business world generally make a thorough search for it, both at time of employment and later? And in attempting to uncover these many hidden cases let us not forget that facilities for their treatment and care are shamefully inadequate and few. Cannot industries group together and eventually find a way to conduct their own sanitoria at a minimum cost, or with a united front demand that Public Health bestir itself and provide accommodations suitable to the need, and free from the hampering influence of civic politics. A system of physical examinations for workers which gives a diagnosis and points the way to continuous health is joining hands with the new vision of public health which now seems to be felt throughout the country in legislation and propaganda for the mother, the baby, the child, the young boy and girl and finally for all adults.

INDUSTRIAL MEDICINE'S PART

The part that industrial medicine can play in this large program is very vital. Many things in the way of public health can be inaugurated and carried out with the cooperation of industrial medicine, but first and foremost must we consider carefully the fundamentals of successful industrial work, for until in each unit right plans and methods are worked out, the greater achievement will still elude our grasp.

To summarize successful medical work in industry must have:

Sympathetic co-operation from the top of the organiza-

Personnel. Staff of adequate proportions and character. Equipment. (Necessary to a certain point.)

Program—Ideals plus daily practice, resulting in consistent growth.

A-Physical examination-complete and painstaking is of major importance.

I. Initial or entrance examinations are for the purpose of placing or excluding. To acquaint worker with his physical impairments. This can be made interesting and helpful to the worker. If you get his interest you will

have co-operation, which in the end makes for a more efficient and contented worker, which is our goal.

- II. Periodic re-examinations not only of the rank and file, including special groups, such as food handlers, etc., but the executives of the organization also. Follow up to see that work does not prove hazardous and that advice as to correction is being followed.
- III. Should help to reduce sickness incidence—hence, cut down absenteeism.
 - IV. Should promote longevity of service.
- V. Connect up with efforts of public health work in detecting contagious disease and should be the surest and most effectual way of finding these members of a community suffering from tuberculosis or other prevalent diseases. Greatest opportunity today of medical science is through prevention and physical examination is fundamental in prevention.
- VI. Physical examination leads into all other branches and parts of medical work in industry; diet, recreation, mental hygiene, housing and working conditions, fatigue, and even to the training and raising of children and health of the workers' families.

VII. Finally, physical examination will often provide a diagnosis and help to fight quacks, charlatans and other pretenders effectively. It will teach the worker the truth, something he is mightily interested in.

Ship Yard Has 3 Hospitals

Company at Camden Operates Two Plant Stations and Rents Wing in Public Hospital

By Francis C. Leupold, Hospital Superintendent, New York Shipbuilding Corporation, Camden, N. J.

The New York Shipbuilding Corporation, Camden, N. J., has two hospitals with a staff of nine physicains and five first aid men, and five graduate nurses with two orderlies and 12 clerks. It also maintains a wing of 35 beds in one of the Camden hospitals with a company resident physician, paying \$25,000 a year for the wing.

This company has about 20,000 male employes and 500 female employes. All employment applicants are examined, two physicians being retained for this alone.

There also are two visiting nurses and the company takes care of all surgical and medical needs of employes as long as they can come to the yard hospitals for treatments. These yard hospitals are open 24 hours every day in the year.

No dental work is done, but an ear, nose and throat specialist is at the plant three hours each day for treatments.

All minor work is done in the yard hospitals, while all major operations are done in the hospital in which we have the wing.

The company carries its own compensation and insurance, pays the legal rate of temporary compensation, and keep cases that are bedfast, not only the time specified by law, but until they are fully recovered.

The present scheme of medical and surgical work has been in use since May 1, 1918, when the present chief surgeon, Dr. H. M. Gay, and the writer instituted the system.

The company also maintains its own X-ray department with a physician, who gives it his exclusive attention eight hours daily. This physician, with a graduate nurse as laboratory assistant, develops and reports on all exposures, of which there are about 25 a day.

The cost of the medical department for the year ending in March, 1920, was \$110,522.93, including everything, and the compensation paid for the same period was \$79,636.04.

Field Hospitals Broaden Their Scope

Dispensaries on Construction Jobs Conserve General Health of the Workers as Well as Render First Aid to Injured

By J. P. Cleary, M. D., du Pont Engineering Company, Detroit

The importance of field hospitals in construction work is steadily gaining greater recognition. They have, indeed, become an indispensable part of organizations in that particular field of labor. It is my purpose to suggest some data from which a firmer conviction may be gained of their value; value that is both practical and altruistic. It may be added that full discussion of the subject in all its ramifications would consume so much time that only the main ideas relating to the matter will be advanced.

In the initial stages of these components of the complete scheme of a working plant, rendering aid to the injured seemed the conclusion of the whole human purpose, but the range of the field hospital service has obviously become extended far beyond that original scope. It now incorporates within the bounds of its efforts the conserving of the general health of the workmen, their social welfare, and their relative fitness for the tasks they assume.

FACTORS OF WORKER'S EFFICIENCY

The efficiency of the worker in the strict line of his employment is easily seen to depend to a certain degree upon his home life, his general environment and the entire social status. These factors appear, perhaps, to savor of some sort of scientific theory and invoke sociology or kindred ideas of wide projection, but one gains easily the notion that herein science is not entirely technical, nor the principles too involved for application in industrial and labor problems.

Accepting as axiomatic that the interests of both the employer and employe are identical in the last analysis, it behoves all concerned to consider in some detail the practical advantages.

The employer derives what may be styled a mercenary benefit, but he also enjoys the reflex action of practical humanity. He saves the time, the very essence of constructive work, wasted by removal of an injured workman to a hospital or physician's office some distance away from the immediate field of labor, with all the attendant expense escaping his own audit. He loses the chance to show sincere sympathy for the suffering employe by not providing the means of caring for the injured on the "home grounds." Then, this quick conveyance to some distant hospital or office entails in itself aggravation of the accident or disease. Measured in dollars and cents, elements to be watched in these days, the economy of treatment nearby cannot escape reflection. The opportunity to administer instant remedies, or make quick diagnoses, and thus obtain a grasp upon the malady or injury, immediately, must readily be figured by business men into terms of money. The return of the employe to his work as quickly as possible is an important consideration, and in this desideratum employer and employe share equally.

The cost of installing and maintaining a hospital is more than offset by the advantages derived. Insurance companies extend a lower rate on liability insurance to concerns maintaining a first aid station on their plants. The expenditure required to pay the physician, the supplies used, the equipment and all other expenses can be easily ascertained,

From a paper, "Field Hospitals and Their Value on Construction Work," read before the Construction Section, National Safety Congress, Milwaukee, September 29, 1920.

but it would be difficult, indeed, to determine the actual monetary returns from the investment, for the influences of the plant hospital are wide and numerous.

11.219 TREATMENTS IN YEAR

In the construction of a plant for the Cadillac Motor Car Company in Detroit, the du Pont Engineering Company, from August, 1919, to August, 1920, employed, all told, about 17,000 men, the maximum at any one time being about 3,600, and the minimum about 800. Construction work has many hazards, probably many more than exist in industries engaged in operation. During the year referred to there were 4,490 injuries. Eighty of that number were major injuries, necessitating the loss of time. Of the eighty major injuries, four resulted fatally, one in permanent total disability, and the remaining seventyfive caused a loss of approximately 14,752 working hours. an average of 1962-3 hours per major accident. In addition to the 4,490 first dressings or treatments administered, approximately 3,229 redressings were required, amounting to 7.719 treatments for injuries administered during the year.

It is estimated that 3,500 medical cases were treated during this time, making a total of 11,219 treatments given during the year. During the influenza epidemic last winter on an average of thirty medical cases were treated every day. Of the 11,219 treatments, perhaps 1,432 were required in cases of major injuries, leaving 9,787 treatments administered for minor injuries or illness.

The cost of equipping and maintaining the plant hospital here for the period mentioned amounted to \$6,800. Of this amount, \$5,900 was applied to the treatment of minor injuries and medical cases. Dividing this amount by the number of treatments, 9,787, shows an average cost of 60 cents each.

During this period of time, 15.765 men were examined by the medical department, and 15.615 were accepted, and placed on the company's roll. In addition to this number, there were approximately 2,500 men on the rolls of the sub-contractors during this time, making a total of 18.115 men who were protected by the medical department during the year in question. This amounts to an expenditure of approximately 37 cents for each man so protected.

During the same year there were 366 penetrating wounds of the feet, resulting from stepping on nails. Of that number two, or .54 of 1 per cent, resulted in lost time.

REMARKABLY LOW COMPENSATION

It may be of general interest to know that in the dye works of the du Pont Company at Wilmington, Del. during the year 1919, with an average working force of 625 men, the compensation paid during that period was only \$6, a really remarkable record. In the same plant 7,778 medical and accident cases were treated during the year referred to at a total cost of \$2,383.41, or an average of 31 cents per case. In the first six months of 1920 the Wilmington plant had 1,207 surgical cases, and of that number only five were serious enough to necessitate any loss of time. To be of greatest value, the field hospital should be centrally located, so that it may be easily and quickly reached by the injured. Its location should be pointed out to all new employes immediately after being

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hired, or before starting to work. Whenever possible, the employment department should be in close proximity to the hospital so as to facilitate the examination of applicants for work. The hospital should not be placed in a noisy portion of the plant where the rumbling of heavy trucks or machinery would interfere with the efficient use of a stethescope in making physical examinations. For industries employing more than a thousand men, there should be a plant dispensary and a physician constantly in attendance. The size and extent of hospital equipment necessary depends upon the number of employes.

For an industry employing a large number of men, the hospital should contain a waiting room equipped with chairs or benches, and a quiet office where files and a few cots may be kept, so that employes may be placed in a recumbent position to overcome some temporary condition and return to work within an hour or two. There should be an examining room for the doctor. This room should be quiet, and should contain an examining table, a writing desk, several chairs and other necessary equipment. The doctor's room should be closed off from the other rooms, so that confidential conversations with the various employes may be conducted. In addition, the hospital should contain a surgical room, where accident cases can receive immediate attention. An X-ray machine and a sterilizing room would be valuable additions.

CO-OPERATION OF EMPLOYES NECESSARY

Where the number of employes would not justify the expense of maintaining a physician in the plant, arrangements should be made with a nearby physician to take care of accident cases, and to use his office for the purpose of making the medical examinations. In places where such an arrangement cannot be made, one or two promising men, such as foremen, could be easily trained to administer first aid. In plants engaged in night work, men with training would be of considerable value. All plants, no matter how small the number of employes, should have first aid kits available for immediate use.

To obtain the best possible results, the co-operation of the employes is necessary. No effort should be spared to bring them to a realization of the importance of reporting for medical treatment immediately after an accident. The workmen should be informed they will not be docked for the time spent in having their injuries treated. All injuries, no matter how slight, should be given medical attention. To overcome the hesitancy of the workmen about going to the hospital for treatment of slight injuries, a first aid printed slip should be given by the foremen to the injured employes to take to the hospital. This is of considerable importance in that it seems to impress upon the injured employe the necessity of receiving medical attention. The foremen should be made to realize the necessity of getting the injured workmen to go to the hospital for treatment.

Another phase of the value of field hospitals in construction work is afforded by the physical examination of applicants for employment. Contagious and infectious diseases, heart lesions, impaired vision, deformities, malformations and defects of all kinds, both congenital and acquired, may thus be detected, and such applicants as are unfitted can be excluded from communicating actual disease to their fellow workmen or increasing the hazards of accident to them through neglect, oversight, or bodily defect of those in the same line of work.

SYMPATHETIC ATTITUDE VALUABLE

The doctor can be of inestimable value to a construction organization by a proper and sympathetic attitude toward the workmen and by his willingness to show the men that the company has their interests at heart, both when they are receiving their physical examination and when they are having their injuries treated. In the physical examination of applicants for employment there is gained by the employe the advantage of an early discovery of disease, and therefore a more rapid and surer cure, while to the employer there is a reduction in time loss due to sickness and epidemics. To those applicants with organic diseases the danger of overwork and hazardous occupations can be brought out, and to the employer there is a reduction in risks for compensation due to accident disability, deformities and death. In advising and treating the sick there is brought to the employer a steadier working force, while to the employes there is brought protection from contagious diseases. By efficient medical treatment the employer gains an increase in the general efficiency of the working force and secures the good will of the employes.

Field hospitals have both the merchandise and altruistic phases, the ledger showing a profit and the heart feeling a warmer pulsation. But before ending it may not seem too burdensome to recur to one branch of the hospital service not directly within its work, but so allied that it is hardly escaped. It relates to the disposition of workmen to reveal their home lives, their grievances, fancied or real, within their homes. It requires no argument to gain agreement that such tribulations affect in all degrees of influence the efficiency of a workman, tormented by perplexities, brooding, suffering mental anguish, all, perhaps, the products of transitory unhappiness, impairing the usefulness of the employe. It affords opportunity for the conscientious doctor to give counsel, and often to adjust these differences and disturbing factors arising within the household.

600,000 Disabled Each Year

14,000 Major Accidents Among Workmen of U. S.—Rehabilitation Provided

According to estimates by Charles H. Barrill, of the United States Employes' Compensation Commission, 14,000 persons, on an average, are disabled in American industries each year to the extent of amputation of hands, arms, legs the total loss of sight of one or both eyes, or the loss of these members to the extent of 50 per cent or more. The number of workmen in the United States disabled in past years, is, according to T. Norman Dean, statistician of the Ontario Workmen's Compensation Board, 600,000.

Provision for the vocational rehabilitation among persons injured in industry and otherwise was made at the last session of Congress, which enacted legislation to this end.

The purpose of the Act is, briefly, to provide for the promotion of the work of rendering persons incapacitated for remunerative employment fit to engage in such occupation, and to provide further, for the return of such persons after they have been rendered fit, to civil employment. As a contribution to the support of this program, Congress has appropriated \$750,000 for the fiscal year 1920-1921, and \$1,000,000 a year for the three years following. To benefit under the Act the States must match this expenditure, cent for cent per capita.

Acceptance of the Federal Act by any State makes the State Board for Vocational Education in that State responsible for the maintenance and supervision of such rehabilitation courses as may be provided for out of the joint federal and state funds. The state boards will, of necessity, develop organizations capable of performing continuous service along certain well-defined lines.



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"Frankly, I'm puzzled," he said earnestly, "we've tried drills again and again, of course. But they are unwise for hospital use."

"Even when the patients are told several times that a fire drill will occur at a certain time, even with low-toned gongs and the drills executed in the quietest way, often we have had very serious set-backs to some of our more nervous patients, because they were afraid that it might be a real fire. What are we going to do?"

Suppose hospital fire drills were practical. They are not sure of saving lives—and they can't save the buildings. But Grinnell Automatic Sprinklers can do both—and do. With Grinnell Sprinklers, nurses and doctors won't need to live and work in constant dread of extra hazardous rooms, X-ray machines, alcohol lamps, electrical devices, inflammable materials, and the like. With Grinnells on duty, day and night,

even the patients have perfect assurance that they are really safe. They know that when the fire starts, the water starts

With Grinnells, even fires in the most unthought of places are quickly extinguished. For instance in Butler Asylum, Providence, R. I., fire started under a radiator on the stage in the auditorium. One sprinkler opened and put it out. In the Homeopathic Hospital, Rochester, fire started on the roof, but sprinklers put it out as soon as it penetrated to the attic. In the Rhode Island Hospital, fire started in some mattresses stored in the attic. Grinnells were there. The fire amounted to nothing.

Not all hospital authorities, or even the hospital architects, realize the great need of sprinklers for hospital buildings. Perhaps it is partly due to this fact that we have such an appalling number of dreadful hospital fires—one fire each year to every eight hospitals.

Read—"Fire Tragedies and their Remedy"

Our book "Fire Tragedies and their Remedy" touches on the subject of hospital fire traps and hospital fire safety, and if you would like to have a copy for your own information and use, we shall be glad to mail one to you. Just drop us a one-cent postal—TODAY. Address, Grinnell Co., Inc., 281 West Exchange Street, Providence, R. I.





COMPANY

FROVIDENCE, R. I.

Complete Engineering and Construction Service on Automatic Sprinklers. Industrial Piping, Heating and Power Equipments. Fittings, Pipe, Valves.

Employes Plan a Hospital Industrial Nurse Institute

Workers of Shepard Electric Crane and Hoist Co. to Have a 15-Bed Institution

Employes of the Shepard Crane and Hoist Company, Montour Falls, N. Y., through its Employes' Relief Association, plans to establish a fifteen bed hospital for the use of employes and their families and the general public. The company will donate the equipment of its plant hospital to the new organization, and make the institution its first aid station, paying the same rate for treatment as the present medical service costs. Contributions from the Relief Association and outside patients treated are expected to cover the operating expense of the hospital.

Jesse C. Shepard, employment manager of the company, writes of the hospital as follows:

"The Shepard Relief Association is a shop, sick and accident benefit society, dues of which are paid, one-half by the management and one-half by employes. The employes pay ten cents a week.

"Benefits are \$9 a week the first week and \$8 a week thereafter, for a possible twenty-six weeks a year. The association has been doing business for approximately three years. We find that there is a surplus of approximately \$1,000 a year accumulating in the treasury. Members of this society have voted to authorize the directors of the association to pay into the proposed hospital association as much from the annual surplus as in their judgment is wise, toward the running expenses of the hospital.

"The Shepard Electric Crane & Hoist Company has assured employes that it is willing to pay into the hospital association, for their first aid service, as much as it now costs the company to maintain its corps of nurses, and the other expenses incidental to first aid service. Employes are subscribing to bonds of \$10 denomination to finance the purchase of the property, alterations and equipment.

"Members of the Relief Association will have preference for service at this hospital, and will receive a discount for service at the hospital. The hospital will start in a small way, with probably about ten or twelve beds.

"The necessity for a community hospital is apparent to all, because there is no such institution in the county large enough to care for the people.

"The property has been bought and improvements are being planned. It is probable that about the first of December we will see the hospital opened up to the public.

"It will perhaps be of interest to note that the Shepard Electric Crane & Hoist Company has about 675 employes. It is located in a village of 1,500 inhabitants, near Elmira. There are two other small manufacturing companies in the village. It is possibe for the Shepard Electric Crane & Hoist Company to so develop the "Big Family" idea in the small community that the community project may have the support of practically every one."

Coal Miners Plan Hospital

Officials of the United Mine Workers of America have announced plans for the establishment of a hospital at Charleston, W. Va., for the exclusive use of coal miners and their families. The project is to cost \$200,000, and was authorized at a recent convention of miners.

Hospital for Sulphur Company

The Gulf Sulphur Company at Gulf, Texas, has under construction a hospital building with a capacity of four-teen rooms. The building will be of tile-stucco.

Many Industries Represented at Meeting in New Haven; Annual Sessions Planned

By Mary Grace Hills, R. N., Superintendent of Nurses, Visiting Nurse Association, New Haven. Conn.

An institute for industrial nurses, the first of its kind, was held this fall at the New Haven School for Public Health Nursings. Fifty-four registered public health nurses from eight states attended. The varied industries represented and the discussions of the nurses brought out very clearly the fact that, while no fixed rules can be worked out to fit all places, it is possible to state definitely the fundamental principles of industrial nursing.

There were representatives from a university, mercantile department, a state department of health, visiting nurse associations, canning, packing, chocolate and soap industries, woolen and cotton mills, brass and iron foundries, wire and paper mills, manufacturers of leather and rubber goods, monument, typewriter and corset works, roller bearings, sportings goods, tools and electrical appliances, printing and oil plants. The states represented were Connecticut, Massachusetts, New York, Rhode Island, New Jersey, New Hampshire, Illinois and Michigan

The program lasted ten days and included lectures and round tables on public health nursing, industrial nursing, industrial hygiene, industrial diseases, records, ethics of industrial nursing and medicine, industrial relations, social problems, industrial psychology, nutrition, health educaton, as well as excursions to manufacturing plants. Four periods were given over to lectures on recreation and other methods for counteracting industrial monotony. Play demonstrations were given and every one joined in folk dancing and simple games.

The nurses were asked to express their opinions as to the most valuable features of this institute. Some quotations follow:

"It is difficult to say which feature of this institute has been the most value, but possibly the discussion of our problems made us feel that we were giving as well as receiving help, although we derived a great deal of good from all lectures."

"The institute showed me some ways of handling these problems, and the opportunity of meeting so many nurses in the same line of work was a pleasure indeed."

"I think the most helpful feature of the institute has been the broadened vision of the possibilities and responsibilities of industrial nursing."

Most of the nurses wished for a larger institute with more round tables and excursions. Others suggested a shorter period because it would be easier to be relieved of their duties for one week. The desire for an institute next year was unanimous.

The interest of employers was shown by the fact that many nurses attended at the expense of their firms.

Plant Dispensaries Opened

The Julian Kokenge Company of Cincinnati recently opened its plant hospital with Miss Helen Downs in charge. Another Cincinnati company that recently made provision for medical service for its employes is the F. H. Lawson Company. Miss Frances Millets is in charge of the hospital of this organization.

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The use of Colgate's—the real boric talc—in your training school, as well as in the hospital and dispensary, will bring comfort both to your nurses and patients. Nurses find Colgate's a particularly delightful Talc for personal needs.

To know what tale is most efficient in cooling a patient's body, or quieting a febrile, restless patient—and to know what a boon to the bed-weary are tale-refreshed sheets—is an asset to any nurse.

Provide your supply rooms with plenty of Colgate's Talc. Its soft, fine borated powder will competently fill the constant demands of your staff for a safe, efficient dusting-powder.

Samples to physicians or nurses, on request.

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COLCATE'S

United Fund Members Ask \$1,500,000

Nine Hospitals Admitted to New York Organization; Report of Service Rendered During Past Year

The United Hospital Fund of New York, of which 55 institutions are members, is making its forty-first annual appeal for aid during the month of November, the goal being \$1,500,000. This year the Fund distributed \$850,000. Nine hospitals have been admitted to membership in the organization since last year, Broad Street Hospital, Brooklyn Hospital, Long Island College Hospital, St. John's Hospital, Methodist Episcopal Hospital, Wyckoff Heights Hospital, Williamsburgh Hospital, St. Christopher's Hospital for Babies, Prospect Heights Hospital and Brooklyn Maternity.

A summary of the work of the United Fund members in 1919 follows:

Hospital patients, total 148,529 147,422 * 1,107 Free 32,712 34,356 † 1,644 Public charges 23,255 29,245 † 5,990 Ward paying 56,279 52,089 * 4,190 Private 36,283 31,732 * 4,551 Hospital days, total 2,438,811 2,443,562 † 4,751 Free 1,203,728 1,828,079 †78,351 Beds, total 8,373 8,364 * 9 Occupied daily 6,587 6,691 † 104 Out-patient cases 549,806 524,554 *25,252
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Free
Beds, total 8,373 8,364 * 9 Occupied daily 6,587 6,691 † 104
Occupied daily 6,587 6,691 † 104
Out-patient cases 549,806 524,554 *25,252
Visits 1,712,968 1,753,552 †40,584
Nurses
Ambulance calls

*Gain. †Loss.

Including the nine hospitals recently admitted, the members of the Fund rendered service as follows:

Hospital patients, total	178,302
Free	38, 559
Public charges	26,491
Ward pay patients	68,574
Private	44,67 8
Hospital days, total	2,884,382
Free	1,357,344
Out-patient cases	602,776
Visits	1,910,288
Hospital beds	8,984

Compared with 1918 the expenses of the 46 hospitals were \$1,419,842 greater, the total being \$10,492,547. The total income for the two years was \$10,273,681 for 1919, and \$8,821,203 for 1918, and the deficit for the two years \$218,866 and \$251,861, respectively.

Percentage comparisons of the various sources of income for 1919 are as follows:

Income from investments, '6 per cent.

Dispensary receipts, 5 per cent.

City payments, 7 per cent.

Patients' payments, 52 per cent.

Voluntary gifts, 20 per cent.

The percentage comparisons of expenses for the same period are:

Administration, 7 per cent.

Professional care, 26 per cent.

Departments (ambulance, kitchen, laundry, etc.), 39 per cent.

House, property, 15 per cent.

Out-patients, 10 per cent.

Corporation, 3 per cent.

The 2,438,811 hospital days included 1,203,728 free days, or 49 per cent. The percentage of free days in the various types of hospitals was:

		Total	Free	Per
	Hospitals	days	days	cent
General	. 19	1,235,310	601,215	.49
Women and children.	. 9	414,131	204,703	.49
Special	. 10	363,828	184,872	.51
Chronic, convalescent	6	425,542	212,938	.50

The cost per ward in the general hospitals ranged from \$5.49 for Volunteer, with 8,166 free days out of 11,006 hospital days, to \$3.10 for Roosevelt with 83,698 hospital days, of which 37,382 were free. The cost per day for ward patients in hospitals that had the greatest numbers of patient days was:

D	aily cost per	Hospital	
v	vard patient	days	Free
Mt. Sinai	. \$4.07	147,606	89,890
St. Luke's	. 3.15	122,759	74,150
Post Graduate	. 3.27	119,085	37,604
New York	. 3.99	117,007	71,270
Lincoln	. 3.39	115,082	55,323

The average number of beds in daily use was 8,373, or 79 per cent. The average for general hospitals was the same.

The daily stay of patients in the various classes of hospitals was: General, 14.6 days; Women and Children. 13.4 days; Special, 12 days; Chronic and Convalescent. 133 days, and the total average for the entire group was 14.6 days.

There was a decrease in the number of free patients from the previous year when they totaled 23 per cent, as in 1919 this class of patients numbered 22 per cent of those treated. Public charges decreased from one-fifth of the total in 1918 to 16 per cent last year, while ward paying patients showed an increase of from 35 per cent of the total to 38 per cent, and private patients from 22 to 24 per cent.

U. S. Wants Nurses

The United States Civil Service Commission announces open competitive examinations for trained nurse and trained nurse (psychiatric) on Dec. 15, 1920, in various parts of the country. Vacancies in the Panama Canal Service will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion. The entrance salary for female nurses is \$110 a month, with promotion at the end of each year of service of \$5 a month until a maximum of \$125 a month is reached. The entrance salary for male nurses is \$115 a month, with promotion at the end of each year of \$5 a month until a maximum of \$130 a month is reached.

The entrance salary for female nurses (psychiatric) is \$125 a month, with promotion at the end of each year of service of \$5 a month until a maximum of \$140 a month is reached. The entrance salary for male nurses (psychiatric) is \$130 a month, with promotion at the end of each year of service of \$5 a month until a maximum of \$145 a month is reach. Digitized by

Adrenalin in Medicine

3—Treatment of Shock and Collapse

THE therapeutic importance of Adrenalin in shock and collapse is suggested by their most obvious and constant phenomenon—a loss in blood pressure.

The cause and essential nature of shock and collapse have not been satisfactorily explained by any of the theories that have been advanced, but all observers are agreed that the most striking characteristic of these conditions is that the peripheral arteries and capillaries are depleted of blood and that the veins, especially those of the splanchnic region, are congested. All the other symptoms—the cardiac, respiratory and nervous manifestations—are secondary to this rude impairment of the circulation.

The term collapse usually designates a profound degree of shock induced by functional inhibition or depression of the vasomotor center resulting from some cause other than physical injury, such as cardiac or respiratory failure.

Treatment aims to raise the blood pressure by increasing peripheral resistance. As a rapidly acting medical agent for the certain accomplishment of this object Adrenalin is without a peer. In

cases of ordinary shock it is best administered by intravenous infusion of high dilutions in saline solution. Five drops of the 1:1000 Adrenalin Chloride Solution to an ounce of normal salt solution dilutes the Adrenalin to approximately 1:100,000, which is the proper strength to employ intravenously. A slow, steady and continuous stream should be maintained by feeding the solution from a buret to which is attached a stop-cock for the regulation of the rate of flow.

In those cases marked by extremely profound and dangerous shock or collapse the intravenous method may prove too slow or ineffective. Recourse should then be had to the procedure described by Crile and called centripetal arterial transfusion. Briefly it consists in the insertion into an artery of a cannula directed toward the heart. Into the rubber tubing which is attached to the cannula 15 to 30 minims of Adrenalin 1:1000 is injected as soon as the saline infusion begins.

The effect of this is to bring the Adrenalin immediately into contact with the larger arteries and the heart. Sometimes, even in apparent death, the heart will resume its contractions, thereby distributing the Adrenalin through the arterial system and accom-

plishing the object of this heroic measure—resuscitation and elevation of the blood pressure.

PARKE, DAVIS & COMPANY

The Question Box

Problems in Hospital Administration Dealt With From the Practical Side

To the Editor: How much linen should be provided for a bed in a hospital?

A NEW YORK SUBSCRIBER.

Hospitals make varying linen provisions for beds, depending on the available laundry facilities, whether the bed is for surgical or medical cases, etc. The following minimum provision for a medical bed is suggested by E. S. Gilmore, superintendent Wesley Memorial Hospital, Chicago:

Four sheets, 4 pillow cases, 2 face towels, 2 bath towels, 1 spread, 2 draw sheets, 1 light blanket for summer, 2 heavy blankets for winter, 1 mattress, 1 bed pad, 2 gowns, 2 pillows.

This provision depends on facilities for laundering linen daily.

In addition, extra mattresses, bed pads and spreads should be available for exchanging purposes.

Since an average of 11-3 persons, including nurses, interns and domestic help, is required to care for a patient, Mr. Gilmore points out, 11-3 times that amount of linen sould be provided for the hospital force in addition to that to be used for each bed.

Asa S. Bacon, Presbyterian Hospital, Chicago, who conducted the Round Table at the American Hospital Association convention at Montreal this year, lists the following requirements for surgical and medical beds:

Surgical Bed

One rubber draw sheet, 36x63; 1 rubber ether bed sheet, 36x20; 1 rubber ether head sheet, 20x28; 1 rubber pillow cover, 31x43; 2 bed pads, 42x76; 9 muslin sheets, 72x99; 6 muslin pillow slips, 36x45; 2 muslin pillow covers, 44x32; 3 bed spreads, 72x90; 3 white blankets, 60x80; 2 gray blankets, 60x80; 3 bath towels, 3 face towels, 3 wash cloths, 3 bed gowns.

Medical Bed

One rubber draw sheet, 36x63; 2 bed pads, 42x76; 2 bed spreads, 72x90; 5 muslin sheets, 72x99; 4 muslin pillow slips, 45x36; 2 muslin pillow covers, 44x32; 2 white blankets, 60x80; 2 gray blankets, 60x80; 2 bath towels, 2 face towels, 2 wash cloths, 2 bed gowns.

To the Editor: We are contemplating the establishment of a hospital of about twenty beds and would like to get into touch with some one who can give us an idea about plans and cost of construction and equipment.

A WESTERN SUBSCRIBER.

A reference library of hospital literature, plans and specifications has been established by the American Conference on Hospital Service at the office of the American Hospital Association, 22 East Ontario street, Chicago. While this library has been functioning only a short time it has considerable data along the line desired by the inquirer.

Another source of information on hospital construction and equipment is the various hospital consultants and service bureaus, a list of which has been sent the writer of the above question.

A modern, fireproof hospital costs about \$4,000 per bed. A small hospital building, however, might be of semi-fireproof construction with a correspondingly low cost

Laboratory Milk Tests Are Urged

(Continued from Page 47)

experience, cannot be sterilized by any steam treatment. On the whole, any copper tank is more or less dangerous. Glass-lined tanks are now being manufactured which, when made in hospital sizes, will be preferable to the present tank. A sanitary valve of the cone type shut-off is essential. This can be taken apart daily when the tank is empty and cleansed and sterilized. The outlet can be thoroughly brushed out. The inside of the tank should be scoured daily and boiling water poured through it. It is not a bad precaution to fill the tank with hot water and add a small quantity of a nonpoisonous antiseptic such as a hypochloride sterilizer. While this leaves a slight odor in the tank which may be taken up by the milk, it is not noticeable except to an extremely wellposted tester of milk. The ice chamber should be of adequate size to maintain the temperature of the milk at not above 50 degrees F.

I feel that table milk should always be purchased in bottles, as the bottle can be kept cold by simply putting in the refrigerator, and when used it can be taken direct to the patient's floor and served from the bottle. No milk should be poured into pitchers or other containers unless they are adequately sterilized. More milk is contaminated in the home through pouring into pitchers than is ever contaminated at the farm. No milk returned from a patient or from a floor should ever go in the drinking supply again. This can be poured into the cooking supply without danger, so there will be no waste. Service in the original bottle on the floor or at the patient's bedside is by far the simplest and most hygienic method.

REGULAR REPORTS IMPORTANT

The superintendent of the hospital should be given regular reports from the hospital laboratory on the bacterial content of his milk purchases along with the butter fat percentages, specific gravity, and solids not fat. The bacteria count should be made at least weekly. The count should be made both on the receipt of the milk from the dairy company and on delivery to the patient. Any abnormal rise between these points indicates carelessness in the hospital technique and merits immediate attention. Any high count, abnormal lack or unusual chemical composition noted by the laboratory should be immediately telephoned to the milk dealer in order that the condition may be remedied before it goes to dangerous extremes. There is very little chance for adulteration among the larger milk dealers, but some of the smaller dealers are inclined to be careless with their milk delivered in cans.

To summarize this paper, a hospital milk supply must be clean to start with—must be adapted to the particular use intended and must be delivered clean and fresh to the patient.

Chicago Dietitians Meet

The Chicago Dietitians' Association held its regular meeting October 5 in the lecture room of the School of Domestic Science and Arts. Dr. W. F. Winholt spoke on infant feeding, comparing eastern and western methods. There was a good attendance and much interest was shown in the talk and discussion which followed.

The November meeting will be held at 22 East Ontario street, which will be the permanent meeting place of the association for the coming year. The program will consist of a report of the American Dietetic Association convention in New York. This meeting will be held November 19.

A good attendance is expected of members of the Chicago association and others who are interested in dietetics or institutional advancement prized by



"Oh, Gee! But That Looks Good"

Tommy, whose tonsils have been removed, has just been wondering if he can ever eat anything again with that throat—and here comes the nurse with a big dish of

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Looks good? "Oh, gee!" And tastes good! And goes down without hurting a bit. My! What a relief.

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After operations generally and for fever cases and convalescents, Jell-O is often the sole diet or the greater part of the diet for several days.

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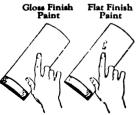
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Flows easily from the brush. Sold in barrels, also in cans. Send for our booklet, "More Light," and free panels to make the test shown at left.

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Try this test yourself Rub your finger over dirt-resistant gloss paint. It will not leave a mark. Then note the smudge your finger leaves on the porous surface of flat finish paint.

Barreled Sunlight

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

A TEXT-BOOK OF CRAFTS FOR HANDICAPPED WORKERS. By Herbert J. Hall, M. D., and Mertice M. C. Buck.

This volume treats of basketry, chair seating, netting. weaving, book binding, cement working, pottery making and light blacksmithing, crafts that have proved of special value to handicapped workers outside the institutions. Elaborate and detailed directions and instructions are given so that the individual worker may study and practice a vocation for himself. This is a text-book that also will be of value to craft workers and occupational therapists in hospitals and sanatoria.

EATING TO LIVE LONG. By William Henry Porter, M. D., with an introduction by Edwin F. Bowers. M. D. The Riley & Lee Company, Chicago.

The author, who is professor emeritus in pathology and clinical medicine at the Post Graduate Medical School and Hospital, New York, in this volume of 245 pages crowds his experience of forty years and the result is a comprehensive and exceedingly practical book on the subject of dietetics. An idea of the scope of the volume may be obtained from some of the following chapter head-"The Why and How of Food," "Turning Food Into Fuel and Repair Stuff," "Getting Rid of the Ash and Clinker," "How Under-Nutrition Invites Disease," "Curing Disease by Diet."

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT
OF CONGRESS OF AUGUST 24, 1912,
Of Hospital Management, published monthly at Chicago, Ill.,

Of Hospital Management, published monthly at unwage, and for October, 1920.
State of Illinois, county of Cook, ss.
Before me, a notary public in and for the State and county aforesaid, personally appeared Kenneth C. Crain, who, having been duly sworn according to law, deposes and says that he is the advertising manager of Hospital Management and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business manager are:
Publisher—Crain Publishing Co., Chicago, Ill.

1. That the names and addresses of the publisher, editor, managing editor, and business manager are:
Publisher—Crain Publishing Co., Chicago, Ill.
Editor—None.
Managing Editor—G. D. Crain, Jr., Chicago, Ill.
Business Manager—Kenneth C. Crain, Chicago, Ill.
2. That the owners are: (Give names and addresses of individual owners, or, if a corporation, give its name and the names and addresses of stockholders owning or holding 1 per cent or more of the total amount of stock.)
G. D. Crain, Jr., Chicago, Ill.
Kenneth C. Crain, Chicago, Ill.
3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.)—None.
4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is. (This information is required from daily publications only.)

Sworn to and subscribed before me this 30th day of September, 1920.

[Seal] (My commission expires Jan. 1, 1922.)

NOTICE

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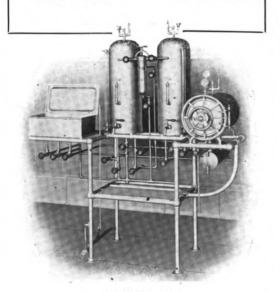
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"AMERICAN"
Steam Heated Combination Outfit.

Much Required of Dietitians

(Continued from page 36)

supplies, and to use them to the greatest advantage, and with the least possible waste. She should know how to plan menus to have them properly balanced, and from the hospital viewpoint have them as economical as is deemed advisable, remembering the old saying, "the best is always the cheapest," is nearly always true. It is not economy to serve unpalatable food which nobody eats, simply because it is cheap.

HELP PROBLEM TRYING

One of the most trying problems that confronts the dietitian is the help problem. If a student goes out into a new hospital without having had any training in that line she is almost sure to meet with failure. Even the best dietitians have difficulty in meeting that problem, but if the student, during her training, has had some opportunity to deal with the help situation it is without question a big asset. One must at times put up with inefficient help because even poor employes are better than none at all.

Likewise, the student should be given further scientific training. She should be taught to calculate weighed diets: to plan and write all types of special diets; to become familiar with medical terms in their relation to diet; to know how to do routine laboratory tests and to interpret the results and determine the relation they bear to the weighed diet She should have an opportunity to come in personal contact with the patient and with the physician. By accompanying the chief dietitian on her daily visits to the patients, the student learns both to handle the patient tactfully and meet the physician professionally. Many a patient, always complaining about the food, has had his whole attitude changed by a little personal attention on the part of the dietitian. In addition to all this the student should be given an opportunity to continue the investigation of current literature.

Finally, the student should have executive training. She must be given responsibility and under careful supervision see that this responsibility is properly executed. During the latter part of her training course, the student should be left in complete charge, at times, of either the special dietary department or the main kitchen, where she must meet all arising emergencies and decide them for herself. Later, she should be taken in consultation with the chief dietitian, where her decision is criticized, favorably or otherwise, and then be given further opportunity, at different times, to exercise her judgment and to adjust all unusual conditions.

There are so many things to learn that it is difficult to say just how long a student training course should be. But it is certainly evident that it should not be extended beyond the point of mutual benefit. On the other hand, the longer the experience the better trained she should be.

COURSE FOR STUDENTS

Realizing the need for dietitians, the Michael Reese Hospital has planned a new course for students, in which an attempt is made to give the kind of training that will enable them to meet the needs of various hospitals. In brief, the outline of the course is as follows:

- I. PRACTICAL TRAINING
 - a. Preparation of special lunch orders preliminary to the supervision of pupil nurses in similar work.
 - b. Preparation and supervision of special trays in such diseases as:
 - 1. Diabetes.
 - 2. Nephritis.
 - 3. Gout.
 - 4. Cardiac disturbances.
 - 5. Gastro-intestinal disturbances.

* * Quality * * *

You pay a price for "White Line" Hospital Furniture and Sterilizing Apparatus consistent with the proven merit of "White Line" Equipment—a price carefully computed from actual manufacturing and administrative costs.

You cannot purchase a cheap piece of "White Line" Apparatus, because cheapness is a factor not permitted to enter into the construction of "White Line" Equipment.

The value received in purchasing "White Line" Equipment is the greatest possible value that can be given.

Each piece of the equipment is so built and finished as to insure long years of highly satisfactory service.

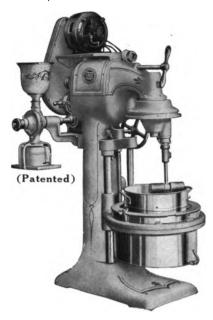
SCANLAN-MORRIS COMPANY

MANUFACTURERS OF THE

"White Line," Madison, Wisconsin, U. S. A.

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Logical Reasoning Applied to the Kitchen



READ THREE-SPEED KITCHEN MACHINE
Type "D" (Heavy Duty Model)

A factor to be considered is the equipping of the Kitchen Department. It is unreasonable to expect uniform and profitable production unless dependable mechanical help is used. On the kind and quality of equipment used, depends the successful operation of the Kitchen and of immediate consideration should be the installation of a

Read Three-Speed Mixer

These mixers, so remarkable for their extraordinary performance, have for years been in daily service in America's leading Hospitals. Their practically unlimited uses and low cost of maintenance, their astonishing adaptability to work of all kinds and the simplicity of their operation make Read Three-Speed Mixers the ideal machines for every Hospital.

May we tell you of the many Hospitals using these mixers and how these machines exactly meet your particular requirements?

Read Machinery Company YORK, PA.

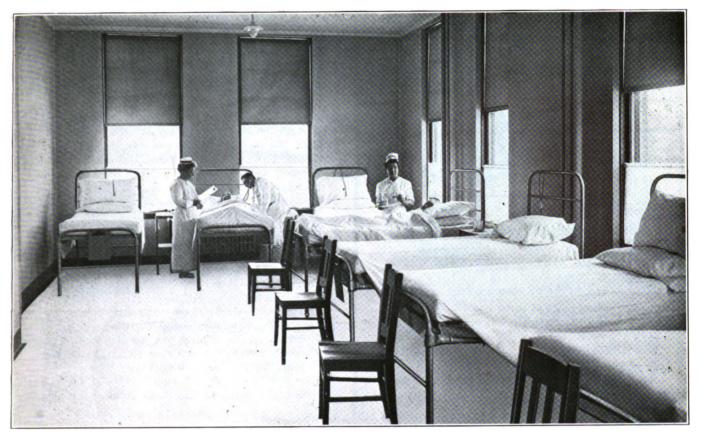
MANUFACTURERS
Kitchen Machines and Bakery Outfits

- 6. Anæmia.
- 7. Constipation.
- Practical and theoretical work in the preparation and modification of infant feedings in the milk laboratory.
 - 1. Special problem in infant food research.
 - 2. Attendance of pediatric clinics and lectures.
- d. Teaching probation nurses elementary dietetics as applied to hospital problems.
- II. Scientific Training
 - a. Planning and writing the general house diets.
 - b. Writing and calculating weighed diets in the dietary department.
- III. Administrative Training
 - a. Ordering supplies from the local storeroom.
 - b. Overseeing the storage and care of perishable austaple supplies.
 - c. Management of employes in the general kitchen; overseeing the distribution of food to the various floors.
 - d. Marketing in conjunction with the steward at the marketing places.
 - Supervision of the distribution of food in the wards by means of hot food carts.
 - f. Aiding the private patient in the selection of proper food from the modified a la carte menu, planned by the dietetic department.
- IV. CHEMICAL LABORATORY WORK
 - a. Collaboration with the hospital chemist in making acetone, sugar, albumin, total nitrogen, blood sugar and specific gravity tests.
 - b. Observation of experiments performed with Benedict's respiration calorimeter, with resultant mathematical calculations, with the electro-cardiograph instrument; observation of working processes closely allied to dietetic problems in the Roentgenological laboratory.
- V. Social Service Dietetics
 - a. Attendance at food clinics conducted by the field dietitian of the Michael Reese Hospital.
- b. Attendance at medical clinics in which the students assist the doctors and nurses.
- c. Aiding the patients in the home by means of demonstration, guidance of diet and instruction in hygenic measures

With the knowledge always in mind that the future of hospital dietetics depends upon groups of carefully selected women from recognized schools of home economics, who have been trained in all these various phases, and who have received suitable inspiration to induce them to stay in this field there has been formulated as comprehensive a course as is possible under the present conditions. Thus, there is being sent out an urgent appeal to all those even faintly interested in the progress of the dietetic world, to give careful consideration to a problem probably more far-reaching than any other open to ambitious, capable women of today. Granting that the student dietetic courses are made instructive and. that they are inspirational wherever they are established. capable women will be available if the hospital organizations and the medical men will unite with the dietitian to further promote the advance of real dietary departments. and will help to make an assured future for those eager to take up this profession.

Diet Kitchen Dish Washer

The Crescent Washing Machine Company, New Rochelle, N. Y., is putting on the market a new model "M" Crescent Electric Dish Washer, which is only two feet square. It resembles a phonograph cabinet. The entire washing and rinsing mechanism is under the control of one handle. It has a washing capacity of 2,000 pieces per hour. It was designed particularly for small hotels. small restaurants, tea rooms, lunch rooms and the hospital diet kitchen.



Restfulness in Hospital Floors—

ISITORS come and go-doctors and nurses make their rounds -vet no sharp clatter of footsteps disturbs the nerve-tried patients.

Quiet, and yieldingly comfortable to the tread-sanitary and remarkably easy to clean-Gold Seal Battleship Linoleum has won the approval of hospital folk.

The oak-like durability of Gold Scal Battleship Linoleum, its wonderfully low cost per year of service, as well as its restfulness, are qualities that appeal to the far-sighted, economical executive.

Gold Seal Cork Carpet is for those places where absolute silence As springy, as absolutely silent and comfortable underfoot, as the heaviest woven rug. Made in restful shades of green, brown and terra cotta—with polished or unpolished surface—10 shades in all.

Be sure to look for this Gold Scal on the Goods you buy. It is our positive pledge of satisfaction.



Congoleum Company

PHILADELPHIA SAN FRANCISCO NEW YORK

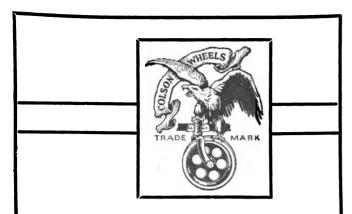
CHICAGO

CLEVELAND MONTREAL

GOLD SEAL

Battleship Linoleum

Made According to U.S. Navy Standard



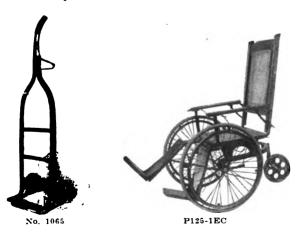
IT is a remarkable line of trucks that Colson MAKES with his ball-bearing wheels.

NO truck problem seems to make any DIFFERENCE Simply a question of WHAT you want. He will specialize on YOUR individual truck problems and REQUIREMENTS

ARE your trucks quiet? Then why not IN-vest in a good ball-bearing, rubber-tired QUIET easy running line?
TRUCKS are Trucks these days.
WE make the best there is to be had.
CAN you afford noisy trucks while you

SUPPLY your patients with every other comfort?

are the Doctor. We are only the pills.



The Colson Co. Elyria, Ohio, U.S.A.

Join Dietetic Association

Recent additions to membership in the American Dietetic Association include:

Anderson, Margaret—Infants' Hospital, Boston.
Anschulz, Isadore—Bloomington Hospital, White Plains, N. Y.

Beckett, Gladys-25 Alden Road, Watertown, Mass. Becker, Elna-Hotel Pennsylvania, New York. Benson, Bessie-Bangor Hospital, Bangor, Me. Case, Dorothy-486 Burlingame Ave., Detroit. Clough, Theresa-Dept. of Public Welfare, Springfield, Ill. Corsette, Hallie-U. S. Public Health Service, Washington. Cornman, Ruth-U. S. P. H. S., Chicago. Ferguson, Alice-Missouri Baptist Sanitarium, St. Louis. Flint, Alice-Worcester Hospital, Worcester, Mass. Fotheringham, Margaret-Mercy Hospital, Pittsburgh. Gilbert, Ruth-Silver Cross Hospital, Joliet, Ill. Godfrey, Grace-Drexel Institute, Philadelphia. Goldman, Clare-Piedmont Sanitarium, Atlanta, Ga. Hall, Octavia—Peter Bent Brigham Hospital, Boston. Hannegan, Irene—159 N. Monroe Ave., Columbus, O. Latson, Alice-Lucas County Hospital, Toledo, O. Luce, Carrie-318 Elmwood Ave., Ithaca, N. Y. Middaugh, Jessie-Williamsport Hospital, Williamsport, Pa. Morrison, Annie-Elm and Pine Sts., Waltham, Mass. Oehmig, Gertrude-2650 Ridge Ave., Evanston, III. Oliver, Sabria-Blodgett Memorial Hospital, Grand Rapids. Patton, Estella-South Highlands Infirmary, Birmingham.

Percy, Kate—University Hospital, Columbus. Ohio. Pond, Helen—Jewish Hospital, Philadelphia. Pope, Inez—Winter Haven, Fla. Pontz, Bess—838 E. Chestnut St., Lancaster, Pa. Prentice, Edna—255 W. 73rd St., New York. Rogers, Laura—815 Calder Ave., Beaumont, Texas. Rogers, Bertha—City Hospital, Nashville, Tenn. Staudemeyer, Adeline—St. Luke's Hospital, St. Paul, Minn. Tews, Bess—Stewartville, Minn. Warner, Olive—1208 Virginia Park, Detroit. Weber, Adelaide—Grant Hospital, Columbus, Ohio Wells, Harriet—Children's Hospital, Philadelphia.

Wells, Harriet—Children's Hospital, Philadelphia.
Wells, Ruth—Bridgeport Hospital, Bridgeport, Conn.
Wilcox, Zipporah—St. Francis Hospital, San Francisco.
Wollf, Aline—Kewanee Hospital, Kewanee, III.

Kansas Association Meets

The annual meeting of the Kansas Hospital Association was held October 21 at the Y. W. C. A. building. Topeka, with about 100 visitors in attendance. Among the speakers were Miss Ethelyn Ferguson, Topeka, who spoke on raising nursing standards in the state, Dr. George M. Gray, Kansas City, whose topic was "Hospital Standardization," and Dr. J. T. Axtell, Newton, who discussed "Hospital Problems." A feature of the meeting was a round table devoted to practical administrative questions.

\$100,000 to Presbyterian Hospital

The Presbyterian Hospital of New York will receive \$100,000 from the estate of Adele Emilie Flint of Larchmont, estimated to be worth more than \$1,000,000, which has been filed for probate in the Surrogate's office in White Plains.

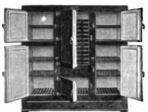
T. B. Sanatorium for Negroes

The Oklahoma State Tuberculosis Sanatorium for Negroes at Boley, will be open about December 1. The sanatorium will care for 50 patients.

IIG:O-NIER

Refrigerators

The Highest Quality Produced



A wide variety of sizes and styles, something for almost every requirement.

Special refrigerators made to order.

Catalog free upon request

We ship our goods everywhere subject to examination and approval. Absolute satisfaction guaranteed.

Ligonier Refrigerator Co.

1001 Cavin Street

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STANDARDIZED CASE RECORDS

Used in

A THOUSAND HOSPITALS

Our catalogs contain the following records:

American College of Surgeons Pennsylvania Bureau Medical Education.

Catalog No. 5—Miscellaneous Charts.

We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

HOSPITAL STANDARD PUBLISHING CO.

Baltimore, Md.

CELLUCOTTON Manufactured by Kimberly-Clark Co., Neenah, Wis.

Try For Yourself This Ahsorbency Test For Cellucotton

Suspend equal amounts of Cellucotton and absorbent cotton over a bowl of water, immerse about $\frac{1}{4}$ inch of the end of each in the liquid. At the end of 15 minutes you will find the fluid drawn to the very top of Cellucotton and not more than an inch and a half up the cotton. We will be glad to send a sample of Cellucotton for this test.

Cellucotton is more economical than cotton for many kinds of hospital work. Send for prices.

Exclusive Selling Agents

Lewis Manufacturing Co. Walpole, Mass.

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An alkaline mixture of watersoluble chloramines; phenol coefficient of 45.

A clean, safe, practical disinfectant and deodorant. Neither poisonous nor caustic. Will not injure rubber or metal parts. Hence suitable for use in hospitals, dairies, butter factories, ice cream plants, canneries and wherever foods are handled. STERILAC leaves no odor nor taste.

One measuring capful or heaping teaspoonful in 2 to 10 gallons of water makes an effective sterilizing solution for milking-machines, bottles, cans, churns, tubs and all food containers. foods from spoiling and pantries, ice-boxes, sinks and drains clean and free from foul odors. A good rinse for disinfecting utensils of all sorts in operating rooms, kitchens, markets, restaurants and Used, also, at soda fountains. for sterilizing suspected drinking water on the farm for live stock, and in the home.

STERILAC is surer and quicker to act than chloride of lime or chlorinated soda. Not smelly nor mussy like the cresols. In powder form, another great advantage.

In 10-ounce bottles, sufficient for making 300 gallons of solution. Price \$3.00 net.

Also to be had in bulk. Prices quoted on request.

Write for STERILAC booklet

The ABBOTT LABORATORIES

HOME OFFICE AND LABORATORIES, DEPT. 24

CHICAGO, ILL.

New York Los Angeles Seattle Toronto San Francisco Bombay

Drug Prices Continue High

Few Other Commodities Fail to Respond to Post-War Readjustments Gripping Country

Post-war readjustment, about which the country has been talking, finally is at hand with no prospect of financial panic in sight, according to Archer Wall Douglas, chairman of the committee on statistics of the Chamber of Commerce of the United States, whose monthly report on business conditions recently was made public.

The course of prices, the report sets forth, will continue downard. Merchandise stocks by January 1 will be smaller than for many years.

"We are over the top and on the down grade in most phases of industrial and commercial life," says the report, "although there still continue to be exceptions to this general statement. Finished lines of metals, drugs and automobile sundries are among the most notable exceptions, especially as to price changes, which are few as yet in these particular branches of business.

"Demand in all lines is slackening. It is everywhere a case of most conservative buying rather than any great increase in supply. We are having a vivid illustration of how our usual volume of business is made up largely of things people do not really need. Also, we see how people will get along without things they once thought indispensable, once the fit of economy is on them.

"Manufacturing and mining are meeting the situation. in the usual fashion, by running on reduced time or shutting down altogether. This has already meant in some cases reduced wages. Zinc, lead and copper mines see no call for going on producing when they cannot sell their ores and when prices keep on declining. Just now the need of the country seems to be for more consumption rather than more production.

"Talk of stabilizing prices, so as to save the situation, no longer interests any one save a few hopeless theorists. The laws of supply and demand will in time regulate matters.

"The entire business world is steadily trending to that readjustment which we have talked about so long. We have been through it before, several times, and we will go through it again, and successfully. This time it is robbed of its greatest terror, financial panic and ensuing disaster. And through it all the Federal Reserve Bank System will be a refuge.

"Theories of great and startling changes in the framework and organization of manufacturing life are dying out in view of the exigencies of the occasion as to how to maintain adequate production at reasonably remunerative prices. Industrial life, in time, will doubtless be more democratized than at present, but we are not headed in the direction of running factories by committees.

"The entire commercial world is setting its house in order by reducing commitments, collecting outstanding accounts, and bringing down stocks of merchandise to the requirements of reduced demand. And it is all being done soberly and advisedly. All are awaiting that psychological time, the first of the year, when the current of events and the general trend shall be more readily discerned and more easily interpreted. Meanwhile, much definite action is being postponed. Merchandise stocks in general will then be far less than for several years.

"The distinctly cotton sections of the South are sore distressed because of low priced cotton and very little demand, especially for low grades. It is not a new experience to the South, and the South has always recovered

When purchasing
Malted Milk
always specify

"Horlick's"

in order to obtain the most satisfactory results—assured only by the use of the Original product.

The Only Question As To Lungmotors

The Lungmotor has demonstrated its indispensable usefulness in the hospital times without number, saving lives which would otherwise have been lost, and winning the emphatic indorsement of hospital superintendents, physicians and surgeons, anesthetists, and all others who have had opportunity to witness its wonderful efficacy in restoring respiration. Its superiority for this purpose over manual methods is indisputable.

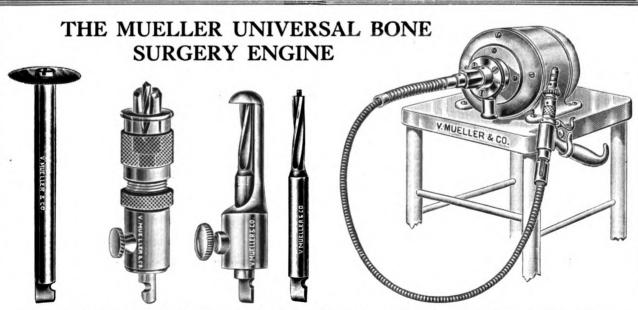
HOW MANY DO YOU NEED?

When you consider the fact that need for the use of the Lungmotor may arise simultaneuosly in several departments, it seems that every hospital should be prepared for emergencies, by having several of the machines on hand. In the operating room, where the patient may not rally properly from the anaesthetic; in the delivery room, where mother or child, or both, may need the Lungmotor; in such emergency cases as drowning or electric shock, brought to the hospital—the Lungmotor is the one thing meeting the need.

Don't Be Without It

THE LUNGMOTOR CO.

Boylston and Exeter Streets BOSTON, MASS.



A Few Reasons Why Hundreds of Surgeons Have Selected this Instrument in Preference to Others are Given Below:

- It is safe at all times the operating instrument is in action only when the finger is on the trigger.
- 2. The weight in the surgeon's hand is less than two pounds.
- 3. The hand piece is held in comfort. Its pistol shape allows free action of the hand.
- The flexible shaft is made of sixteen strands of high-grade iano wire and will transmit ten times the power ever called for.
- 5. Sterilization by boiling the hand piece.

- 6. The motor is entirely enclosed and operates noiselessly.
- Any operative work requiring drill, saw or bur, whether sinus, transplant bone graft, bone plating, etc., can be done with the Mueller engine.
- Perfect speed regulation and operating at slow speed and with plenty
 of power, there is no danger of heating bone, a serious defect in
 some engines.

Made by V. MUELLER & CO., Makers of Instruments for the Specialist 1771-1789 Ogden Ave., Chicago

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Any hospital will be a better hospital for having stocked up with Baker Linens. There's a reason. A little usage and a trip or two to the laundry will accentuate the inferiority of low-grade linens as nothing else can. raggedness and off color thus produced will be distasteful to patients, visitors and help. The cost in unfavorable impressions thus created might extend over a period of years.

We build years of service into

BAKER IINENS

Especially Made for Hospital Purposes

Our scores of hospital customers remain with us year after year because they appreciate that our service means definite co-operation in the raising of hospital standards and the lowering of hospital costs. Our service is direct. No middleman.

Sheets and Pillow Case Bed Spreads Blankets Comfortables Onilta Mattress Protectors Coats and Aprons

for Attendants

Table Cloths Table Covers Napkins Huck Towels Face Towels Bath Towels Roller Towels Kitchen Towels Dish Towels

H.W. BAKER LINEN CO.

41 Worth St., New York City

Boston Philadelphia

Los Angeles San Francisco

ere long and gone on to greater prosperity. But it is an acute phase while it lasts. It is due not only to cotton mill inactivity in this country, but to the great slump in European demand, especially from Central Europe, which cannot buy as of old, no matter how desperate her needs.

"In the grain regions, low prices of farm products have put a crimp in the buying power and inclination of the farming community. Experience shows, however, from causes more readily seen than analyzed, that depressions in agricultural sections because of low prices of farm products, are neither so lasting nor so severe as those in industrial centers which proceed from lack of manufacturing activity and consequent unemployment. On the whole, the farming community can furnish its own substance and tide over bad times. Also the accumulated supplies, whose abundance caused the depression, are daily diminishing in volume, and can not be replenished until another harvest. Thus the natural operation of the laws of supply and demand tend to remedy the trouble."

Cafeteria Service at Arroyo

(Continued from page 50)

THURSDAY

Breakfast Dinner Braised Beef Apricot—(Canned) Oat Meal Mush Browned Potatoes Boiled Eggs Carrots and Peas Fried Potatoes-D. R. Canned Cherries Toast

> Supper Rice Tomato Soup Fried Ham Boiled Potatoes Lettuce Salad-Mayonnaise Baked Custard FRIDAY

Breakfast

Oranges Farina Mush Omelette Pancakes-D. R. Toast

Dinner Fried Sole Boiled Potatoes Egg Sauce Stewed Tomatoes Chocolate Blanc Mange Cream

Supper Clam Chowder Fried Potatoes Veal Salad Apple Sauce—Hot Biscuits SATURDAY

Breakfast Grape Fruit Steel Cut Oat Meal Scrambled Eggs Bread

Dinner Broiled Lamb Chops Baked Potatoes String Beans Sliced Pears

Supper Clear Soup Creamed Chipped Beef Jacket Potatoes Ginger Bread-Prune Whip Chocolate—Cream

N. B.—We have no means for frying in deep fat, hence French Toast, Croquettes, Fried Mush, Fritters and the like are not included in our dietary.

State Hospital for Ex-service Men

A hospital building costing \$3,000,000 for the treatment of ex-service men suffering from nervous and mental diseases is to be erected on the site in Queens County intended for the Long Island State Hospital, according to a bill recently signed by the governor of New York. Dr. Thomas W. Salmon is the medical representative of the commission charged with the construction of the building

180,000 Ill Daily in New York

There are 180,000 ill daily in New York, according to statistics prepared by the United Hospital Fund.

Hard Water is a Dangerous Enemy in any Hospital

Hard water is an enemy to health and a foe to economy.

It consumes soap, soda, and other detergents in laundry and kitchen.

It conspires with germs of disease by defeating the utmost efforts at cleanliness.

It fouls boilers and steam lines and wastes fuel.

Use of Hard Water is a Sin Because it is Unnecessary

A grievous sin of omission because there is an easy remedy—

BORROMITE Water Softening System

A simple, sure, economical system, exactly suited to hospital requirements.

We prove our claims by installing under positive guarantee of the quantity and softness of the water obtained.

We will welcome an opportunity to answer your questions and send our catalog.



BORROMITE COMPANY OF AMERICA

1514-105 West Monroe St.

CHICAGO

EDMANDS Electric Bakers

(Patented)

The World Wide Prestige of the Edmands Electric Bakers has been built up through our earnest efforts to produce an apparatus of superior construction for the most efficient application of Radiant Heat to any part of the human body.

Send for our trial proposition

Manufactured by

Walter S. Edmands

No. 9

Boston, Mass.

A Cutity Letter to Hospital Executives:

There's only one way to know a good bandage—and that is to test it out for yourself.

If you are a hospital executive we want to send you a two inch CURITY smooth cut bandage. This is to be put to the severest test—notice the freedom from cotton dust and long loose threads which are so troublesome in binding wounds.

See also our advertisement on page 77

Lewis Manufacturing Co.

Walpole, Mass., U. S. A.

New York

Philadelphia

Atlanta

Chicago

Cleveland

Kansas City

San Francisco

Lewis Manufacturing Co., Walpole, Mass.		Date
I want to see myself just what me a sample 2-inch bandage. I have	superior quality CURITY band checked other Curity products	lages have. Please send in which I am interested.
Bandages Bandage Rolls	Absorbent Gauze Absorbent Cotton	Fine Oxide Plasters Waterproof Sheeting
Name	Position	
Institution	Street	• • • • • • • • • • • • • • • • • • • •
City	State	





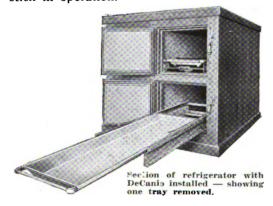
Sanitary Feature of the DeCanio Mortuary Support

HE carriage and tray may be readily removed for quick and easy cleaning.

This feature is especially important in connection with the handling of mutilated bodies or when death has resulted from infectious disease.

The complete DeCanio Support is made of iron, heavily galvanized after manufacture to preclude the possibility of rust or corrosion.

The DeCanio Mortuary Support consists of only three parts and cannot warp, bind or stick in operation.



STATIONARY FRAME—Riveted to the interior of refrigerator.

MOVABLE CARRIAGE—On frictionless wheel rollers.

REMOVABLE TRAY—Reinforced for use as a stretcher.

The DeCanio can be installed in any type of Mortuary Refrigerator

Write for instructive Illustrated booklet No. 5 on Mortuary Refrigeration. Mailed free on request.



Working Guide for Hospitals

(Continued from page 42)

another Trustee to act as his substitute, or report to the President, who shall thereupon appoint one.

ARTICLE VI

ENDOWED BEDS

Section I—Gifts of the following amounts, respectively, will endow a bed in perpetuity:

- \$ 5,000 in the Children's General Ward.
- \$ 7,500 in the Adults' General Ward.
- \$10,000 in a Private Ward.
- \$15,000 in a Private Room.

SEC. 2—The Donor, and a successor appointed by him by will or other written instrument, shall be entitled from time to time to nominate a patient to occupy such bed free of charge; provided that such nomination and the use of such bed shall be subject to the By-Laws and Rules of the Hospital for the time being, and that the Hospital shall be under no obligation to expend for the support of such bed in any one year more than the income earned by such endowment during that year.

SEC. 3—A certificate shall be issued to each Donor in such form as the Board of Trustees may prescribe; and the name of the Donor and other suitable inscription shall, if desired, be inscribed on the walls of the Hospital.

ARTICLE VII

HOSPITAL RULES

SECTION I—The Board of Trustees shall prescribe Rules respecting the administration of the Hospital and the conduct of the Hospital work not inconsistent with these By-Laws.

SEC. 2—Such Rules may be amended at any meeting of the Board by a majority vote of those present; except, however, that in case of a Rule involving a substantial change of policy, five days' written notice thereof shall be given to each member of the Board.

ARTICLE VIII

AMENDMENTS

SECTION I—These By-Laws may be amended at any regular meeting of the Board of Trustees by a two-thirds vote of the members present, provided that written notice of the general nature of the amendment proposed shall have been presented at the next preceding regular meeting of the Board.

RULES OF THE BROOKLYN HOSPITAL

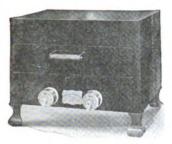
SUPERINTENDENT

- 1—The Superintendent shall be appointed by the Board of Trustees, and shall hold office during the pleasure of the Board.
- 2—He shall be resident executive officer of the Hospital, and shall have general charge of the administration thereof in accordance with such rules as the Board of Trustees may from time to time make.
- 3—He shall have power to appoint and dismiss all employes of the Hospital, subject to the approval of the Trustees.
- 4—He shall at the close of each month present to the Executive Committee for audit all bills and pay rolls for the preceding month.
- 5—He shall prescribe the duties of all employes and see that they are properly instructed in regard to the same.
- 6—He shall see that all the requirements of law and of state and local authorities are duly observed.
- 7—He shall make regular inspection of the Hospital in all its departments.
- 8—He shall be responsible for the enforcement of all the Hospital rules, and for the maintenance of discipline and efficiency in the Hospital service. He shall report to the Executive Committee all breaches of rules or discipline on

Digitized by

Heavy Duty Electrical Cooking Equipment

Now Comprises a Fixture for Every Kitchen Service



ELECTRIC TOASTER

One of the popular Duparquet fixtures is a 20 slice Electric Toaster which toasts both sides of the Bread at the same time, eliminating the trouble of turning, which results in a saving of time and a better, quicker toast. Electricity prop-

erly applied is as practical for cooking as for light and power. In Duparquet equipment the application is bractical in every instance.

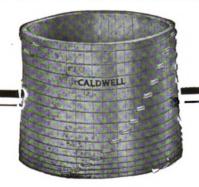
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in all Caldwell Cypress Tanks. They will give you honest, dependable life-long serv-Every Caldwell Tank is machineplaned and jointed; the hoops, properly sized and spaced, have a positive grip. You are assured a dependable, uninterrupted water supply the year 'round.

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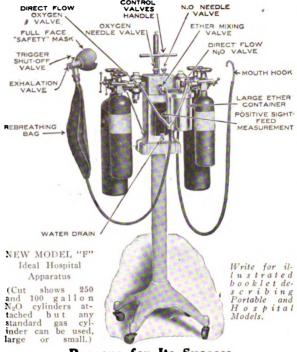


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- 1. It can be successfully op-erated by any competent crated by any competent anaesthetist.
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the part of any person connected with the Hospital.

9—He shall not permit any instruments, apparatus, books, records or other property belonging to the Hospital to be taken therefrom without his consent, and shall keep a record of all articles so taken.

10—He shall allow no autopsy to be made, except by order of the coroner, unless with the written consent of the nearest relative of the deceased.

II-He shall be responsible for the following:

- (a) The purchasing of all provisions and supplies and for their proper and economical use. He shall not, however, make any contract for more than one month's supplies without the approval of the Executive Committee.
- (b) The collecting and receiving of all moneys due from patients and otherwise paid in at the Hospital, and the accurate accounting of all disbursements; and he shall account for the same monthly to the Treasurer after audit by the Executive Committee.
- (c) The admitting and discharging of all patients and what disposition shall be made of each patient on admission; and he shall see that all patients receive proper attention while in the Hospital.
- (d) The keeping of records of each patient admitted to the Hospital in such form as may from time to time be prescribed by the Trustees or required by law.

PROFESSIONAL STAFF

The Professional Staff shall be appointed annually by the Board of Trustees, and shall hold their appointments during the pleasure of the Board.

The Professional Staff shall be composed of all those Physicians holding staff appointments in the Hospital and Dispensary, except the Courtesy Staff. It shall annually elect a President and Secretary. It shall hold at least four regular meetings in each year for the discussion of matters of professional interest, and may make recommendations to the Attending Committee. Special meetings may be called at any time by the President, and shall be called by such officer upon the written request of ten members of the Professional Staff. At least two days' notice of every special meeting shall be given. The purpose for which a special meeting is called shall be stated in the notice thereof.

ATTENDINGS COMMITTEE

The Attendings Committee shall be appointed by the Board of Trustees and shall consist of the Attendings of the four services, namely, Medicine, Surgery A. Surgery B, and Gynecology-Obstetrics and the Superintendent of the Hospital. Meetings shall be held at least twice a month. One such meeting shall be held a few days preceding the monthly meeting of the Board of Trustees, at which meeting the Executive Committee of the Board shall be represented.

The Attendings Committee shall have charge of the professional work, both in the Hospital and in the Dispensary. It shall submit a monthly report to the Board of Trustees, through the Superintendent, of the character of the professional work, and of the attendance of each member of the Professional Staff. At the end of the year, for the December meeting of the Board of Trustees, it shall submit a like report of the year's work. It shall submit to the Board of Trustees nominations for appointments to the Professional Staff.

The Departments of Radiography, Pathology and Anesthesia and the House Staff shall be directly responsible to the Superintendent, but the Attendings Committee shall have supervision of the professional work of these Departments.

SENIORS

The Seniors in the several services, namely, Medicine, Surgery A, Surgery B, and Gynecology-Obstetrics, shall act in an advisory capacity to the Board of Trustees on matters connected with the professional work of the Hospital, and

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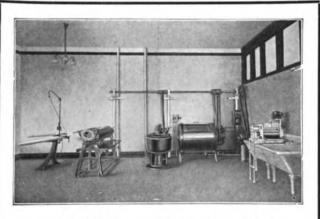
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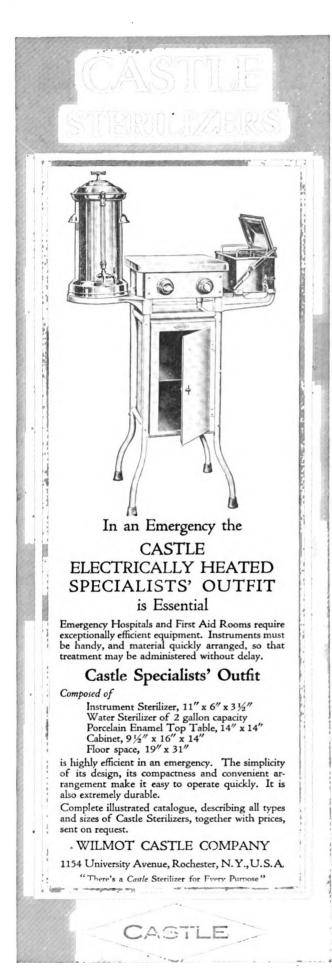
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may be called upon by the Attendings for consultation and advice. A Senior shall have the privileges of the Private Rooms and Private Wards, and also of the General Wards when the patient is referred by him.

ATTENDINGS

Each Attending shall be responsible for the professional work within his Department, both in the Hospital and Dispensary.

ASSOCIATES

An Associate shall be next to the Attending in responsibility for the Service, and shall have full responsibility in the absence of the Attending. He shall perform such duties within the Service as may be assigned to him by the Attending.

He shall have the privileges of the Private Rooms and Private Wards for his own patients, but not of the General Wards.

ASSISTANTS

An Assistant shall perform such duties within the Service as may be assigned to him by the Attending. He shall act as Associate when the Associate is acting Attending.

He shall have the privileges of the Private Rooms and Private Wards for his own patients, but not of the General Wards. He shall act in the Dispensary as Chief of Clinic of the Service to which he is attached.

C'INICAL ASSISTANTS

A Clinical Assistant shall act as Assistant to the Chief of Clinic in the Dispensary, and in the absence of the Chief one of the Clinical Assistants shall be designated acting Chief of Clinic. He shall not have the responsibility of the Hospital Service at any time, but may be called upon by the Attending to perform certain work in the Hospital.

He shall have the privilege of referring patients to the Private Rooms or Private Wards, but such patient shall be in charge of the Attending to whom the patient would be assigned under the general Hospital Classification. The Clinical Assistant may have such share in the management of the case as may be permitted by the Attending.

ADJUNCT STAFF

The Adjunct Staff shall consist of such Physicians, approved by the Trustees, as may be nominated by the Attendings of the several Services from those who have served the Hospital faithfully.

The members of this Staff shall be allowed the privileges of the Private Rooms and Private Wards in the Division of Specialty which their title designates.

CONSULTING STAFF

The Consulting Staff shall consist of such Physicians and Surgeons, either general Practitioners or Specialists, as may from time to time be deemed advisable by the Board of Trustees. They shall be appointed by the Board annually for a term of one year. They may be called upon at any time for consultation.

They shall have the privilege of visiting the Hospital at all times, and of treating their own patients in the Private Rooms or Private Wards of the Hospital.

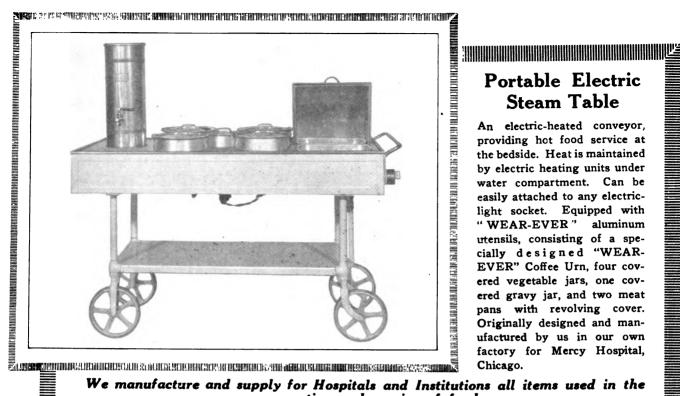
COURTESY STAFF

The Courtesy Staff shall consist of such Physicians and Surgeons, either general Practitioners or Specialists, as may from time to time be deemed advisable by the Board of Trustees. They shall be appointed by the Board annually for a term of one year.

They shall have the privilege of visiting the Hospital at all times and of treating their own patients in the Private Rooms and Private Wards of the Hospital.

GENERAL RULES

No member of the Professional Staff shall receive pecuniary compensation from a publiczoward patient under any cir-



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Something to be thankful for—rubber sheeting, an every-day need in your hospital, at pre-war prices! The response to this offer as presented last month proved to us that it meets the views of buyers both as to quality and price. We still have a supply of these sheeting items, at these prices:

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cumstances (except Workmen's Compensation Cases), unless by permission of the Trustees upon a written report.

Each member of the Professional Staff shall on the occasion of each visit to the Hospital register personally in a book provided at the Office for such purpose, noting the hour of his arrival and the hour of his departure.

There shall be kept at the Hospital in permanent form full records of the cases and treatment of all patients. Such records (Histories) of patients shall not be accessible to any person save the Professional Staff, the Superintendent and the Trustees. No extract from such records and no information whatever regarding their contents shall be given to any person save upon the written permission of the patient or his duly authorized representative, filed with the Superintendent, or pursuant to formal resolution of the Trustees, or upon the order of a court having jurisdiction. No records shall be taken from the Hospital, except upon the order of a court having jurisdiction.

HOUSE STAFF

I—The House Staff shall be appointed by the Board of Trustees, and shall hold their appointments during the pleasure of the Board.

2—Applications for appointment to the House Staff are to be made to the Superintendent in writing, and shall contain a concise statement of the history and qualifications of the application, together with proper credentials of character and personal fitness. Before commencing his duties each member of the House Staff must produce a diploma from a Medical College and must register at the Board of Health He must appear also before the Superintendent and sign an agreement to serve the Hospital to the best of his ability, subject to the Hospital rules.

3—The members of the House Staff are under the immedate direction of the Superintendent and are responsible to him for the faithful and satisfactory performance of their duties as members of the Hospital organization.

4—They are responsible to Attendings under whom they serve for their professional work.

5—The House Staff shall reside at the Hospital and not be absent therefrom without the consent of the Superntendent. They shall not be absent from the Hospital more than is necessary for needful recreation, and their absence shall always be subject to the demands of their service. Before leaving and when returning to the Hospital they shall sign in a book provided for the purpose, the time of leaving, time of expected return and time of returning.

6—No member of the House Staff shall engage in private practice, or in any business other than that of the Hospital, during his term of service.

7-No pecuniary compensation shall be accepted by any member of the House Staff, except by permission of the Superintendent.

8—Each member of the House Staff is allowed a vacation of two weeks after completion of a year's service. Such vacation shall not be taken, however, except with the approval of the Superintendent upon written application, signed by the Attending of the Service, stating the date of departure and return, and the name of the substitute. Special leave of absence may also be granted by the Superintendent if proper cause is shown. In all cases of temporary absence, a substitute must be provided who shall be acceptable to the Superintendent and the Attending of the Service.

9—If it is desired that a guest spend the night in the Hospital permission must be obtained from the Superintendent. 10—Under no circumstances may a member of the House Staff bring any intoxicating liquors into the Hospital or receive the same.

11-Members of the House Staff shall treat the Nurses



In What Form Do You Use Iodine ?

Industrial Hospitals, Physicians and Surgeons in general practice are getting splendid results with

IOCAMFEN

Iocamfen is extensively used in Military Surgery in the management of deep, jagged, solled and infected wounds, as well as by numbers of surgeons in charge of workers in large industrial institutions, railroads, mines, stores, etc.

locamfen is an interaction product of Iodine, Camphor and Phenol. Contains about 7½% free Iodine, held in perfect solution without the aid of alkaline iodides, alcohol, or other solvent. Has greater stability and higher antiseptic action than Tincture of Iodine with better adhesion, greater penetration and healing qualities.

Camiofen Ointment (formerly called Iocamfen Ointment) is prepared with IOCAMFEN and used where additional emollient action is desired.

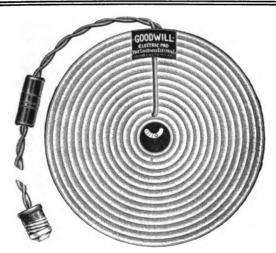
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All temperatures between 100 degrees and 180 degrees. Rubber and Cloth covers. One year's complete guarantee. Price \$9.50.

Use it 30 days at our risk—return it if it doesn't make good.

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A Machine that Pays for Itself

It is literally true that the saving accomplished by the use of the Applegate linen marker pays for the machine in a very short time—the shorter on account of the very low price, \$20.00, plus the cost of dies furnished by us. When it is considered that the cost of linens is higher than ever before, it is obvious that every possible precaution against loss should be observed; and proper marking is the first and most obvious.

The Low Cost of Marking Linens— The High Cost of Not Marking

That is why marking, with an inexpensive and practical machine such as this, is not only a necessary operation, but one whose cost is so trifling as to be negligible. That is why, on the other hand, failure to mark linen properly is an invitation to loss, which is certain to mean a substantial additional operating expense for the hospital. Name, Dept. and Date—any one, two or all three—permanently marked on any kind of cloth, all at one impression. It will surpass all your hopes for efficiency and satisfaction.

You Cannot Afford Unnecessary Losses of Linens

No hospital can afford losses of any kind that can be prevented without difficulty. Proper identification of your linens, by the use of the Applegate marker and Applegate Guaranteed indelible ink, will pay big dividends in satisfaction and saving.

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Enameled sputum cups have to be cleaned. It's unpleasant and — labor costs money. Paper cups can be burned, contents and all.

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with courtesy, but their relations with them shall be confined strictly to professional duties, and there shall be no social relations whatsoever while on duty. They shall not prescribe for or treat nurses, except upon request of the Directoress of Nurses.

MISCELLANEOUS RULES

A nurse must be present at any examination of a female patient.

Patients suffering from contagious diseases are not to be admitted to the Hospital.

No general anaesthetic shall be administered in the absence of a member of the Visiting Staff, except where life would be manifestly hazarded by delay. But anaesthetics may be administered in the Obstetric Service by or under the direction of the Resident or House Surgeon in charge, but only in accordance with such specific regulations as may be determined from time to time by the Attending Obstetrician after sanction by the Superintendent.

Autopsies are to be performed only as follows:

- (a) By order of the Coroner.
- (b) When written permission has been obtained from the nearest relative and approved by the Superintendent, and then only by the Pathologist (if he be a physician), or by some physician designated by the Superintendent.

Whenever there is any question as to the proper interpretation of any rule of the Hospital the matter shall be referred to the Superintendent for decision.

DIRECTRESS OF NURSES

- 1—The Training School is a department of the Hospital, and as such is subject to the general rules governing the Hospital.
- 2—The Directress of Nurses shall be appointed by the Board of Trustees upon nomination of the Superintendent, and shall perform her duties under the immediate direction of the Superintendent.
- 3—She shall reside in the Nurses' Home. She shall have charge of the nurses, be responsible for their instruction in theoretical and practical nursing, and shall also be responsible for the nursing in the Hospital.
- 4—She shall arrange for the admission and care of probationers, and shall consult with the Superintendent as to their fitness for the work and the propriety of retaining or dismissing them.
- 5—She shall be responsible for the care of the health of the nurses in training, and shall notify the Physician to the Training School when, in her judgment, it is necessary, always doing so when the illness is of more than 24 hours' duration. An accurate account shall be kept of all time lost through illness and the cause thereof.
- 6—She shall make regular inspection of all portions of the Hospital under her care.
- 7—She shall not be absent from the Training School of the Hospital without having delegated a competent representative approved by the Superintendent to act during her absence
- 8—She may suspend, but not dismiss, a student nurse for misconduct or inefficiency, immediately reporting the case to the Superintendent.
- 9—Special nurses may be selected by a visiting physician or surgeon, but always subject to the approval of the Directress of Nurses. No graduate nurse shall be engaged, except through the Directress of Nurses.

DIRECTRESS OF SOCIAL SERVICE

1—The Social Service is a Department of the Hospital.
2—The Directress of Social Service shall be appointed by the Board of Trustees upon nomination of the Superintendent, and shall perform her duties under the immediate direction of the Superintendent.



Right Light and Comfort

THE light which penetrates a sick room should be soothing to the patient's nerves and adjustable at all times to his condition-for light is irritating if bright and depressing if gloomy.

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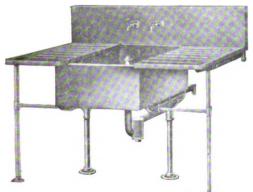
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Made by experienced workmen under the direction of specialists, our equipment is built to last as long as the hospital.

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- 3-She shall have charge of the Social Service work in the Hospital and in the Dispensary.
- 4-She shall make recommendations to the Superintendent for the appointment of all assistants in the Department,
- 5—The women's organization, known as the Social Service Committee, is authorized to co-operate with and obtain funds for the support of the Social Service Department. Its organization and activities shall at all times be subject to the approval of the Board of Trustees, and to the By-Laws and Rules of the Hospital. It shall at all times keep on file with the Board of Trustees a copy of its Constitution, By-Laws, and Rules, and a list of its Officers, Committees, and Members. It shall report monthly in writing through the Superintendent to the Board of Trustees and may make to the Trustees such recommendations regarding the work of the Department as it may deem proper.

150-Bed Hospital for Los Angeles

Plans have been announced for the construction of a 150-bed hospital building by the Trinity Hospital of Los Angeles. A site at Sixth and Bonnie Brae has been purchased, and its plans for the structure have been prepared. Construction will be started immediately, and it is hoped

to have the building ready next summer.

The central building of class A reinforced concrete, 150 by 100 feet, will face on Sixth street. This building is to be four stories, with wings on each side of three stories each. The building will be built so as to permit the addition of two more stories as the needs of the in-stitution expand. The exterior will be finished in plaster, terra cotta and tile, while the design will follow the Spanish Renaissance style. The nurses' home and the boiler rooms, containing the heating plant, will be placed in separate buildings.

Single and double rooms, with or without private bath, will be available, and, in addition, plans call for

four and six-bed wards.

The use of woodwork will be avoided in the interior. Floors will be of composition throughout, the walls and ceilings are to be of smooth enameled plaster, windows throughout will be of steel sash, and all moldings, sharp corners and projections will be eliminated.

The building will be heated, ventilated and cooled with a pressure air system, thermostatically controlled. All air will be filtered and washed.

Beth Moses Hospital Dedicated

Beth House Hospital, Stuyvesant avenue and Hart street, Brooklyn, was formally dedicated October 24. Jacob Carlinger is superintendent and Miss Emma N.

Olincy superintendent of nurses.

The hospital will be opened for the reception of patients this month. The institution is a modern, thoroughly equipped hospital, occupying two city blocks in the congested Bushwick section of Brooklyn. It will have a capacity of 150 beds in ten wards, two-thirds of which will be reserved for the sick poor. Two kitchens have been provided to insure strict observance of the Mosaic dietary laws. The building contains large laboratories. X-ray equipment, a dispensary under supervision of the hospital chiefs, and three operating rooms. The building was erected at a cost of \$400,000, and its equipment costs \$100,000.

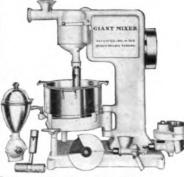
Venereal Disease Institute

An institute on venereal disease control and social hygiene will be conducted in Washington, D. C., November 22 to December 4, under the auspices of the United States Public Health Service. All interested in the medical, legal, social and educational phases of venereal disease control are invited to attend.

Railway Hospital Association to Build

The Hospital Association of the Missouri, Kansas and Texas Railway recently awarded the contract for a hospital building at Denison, Tex. The cost will be \$300,-000, and the institution will have a capacity of 100 beds.

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Install the Giant Mixing Machine

The Giant Mixing Machine performs many kitchen duties with the highest efficiency, the greatest economy and in a far more thorough manner than the most skilled help.

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Crush fruit
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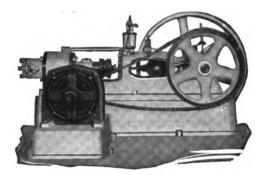
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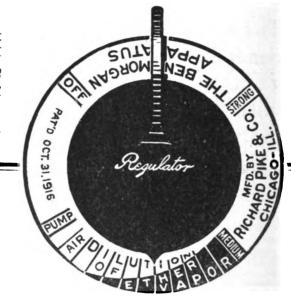
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The course comprises practical and didactic work in the hospital and practical work in the out department connected with it. On the satisfactory completion of the service a certificate is given the nurse. Board, room and laundry are furnished and an allowance of \$10 per month to cover incidental expense.

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150 Gynecological Beds
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Hospital. JOSEPHINE H. COMBS, R. N., Directress of YONKERS HOMEOPATHIC HOSPITAL AND MATERNITY offers a two and one-half year course in general nursing, with special training in medical and surgical work, at Harlem Hospital, to young women of good standing who have had one year in high school or its equivalent. Address Yonkers Homeonathic Hospital and Maternity, 127 Ashburton Ave., Yonkers, N. Y. 10-20

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pital Management.

WANTED — PHYSICIAN TO TAKE charge of X-ray department, also physician to take charge of pathological department. One man capable of taking charge of both departments preferred. State age, experience, references and salary desired also send photograph. Apply Niagara Falls Memorial Hospital, Niagara Falls, N. Y.

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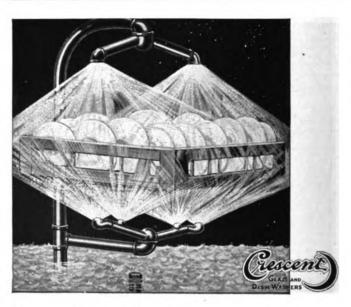
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A diet kitchen equipped with the new Model "M" Crescent Dish-washing Machine is constantly clean and sanitary. The Crescent thoroughly washes and sterilizes in a few minutes with minimum effort and without breakage.

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These revolving arms, an exclusive Crescent feature, force the wash water at high pressure against the surface of every dish in the wash-rack. A fresh hot rinse then assures further cleanliness. Also the method of keeping the dishes separated during the process of washing permits air-drying. Germ-carrying dish towels are thus done away with, a factor that complies with the strictest medical requirements.

There is a Crescent Dish-washing Machine for every purpose. Other models are equally efficient for larger kitchens, the choice depending entirely on the quantity of dishes to be washed.

But whether in diet kitchen or general use, the Crescent has actually established these dominant facts—it is absolutely sanitary; it cuts down cost both of soap or washing compound and water consumption; it is simple to run and keep running, having no complicated parts; it can be operated as easily and rapidly by women or unskilled help as by men. And the "revolving arm" principle makes it the one dish-washing machine of real dependability.

Let us tell you more about the Crescent for hospital use. Write

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Vol. X December, 1920 No. 6

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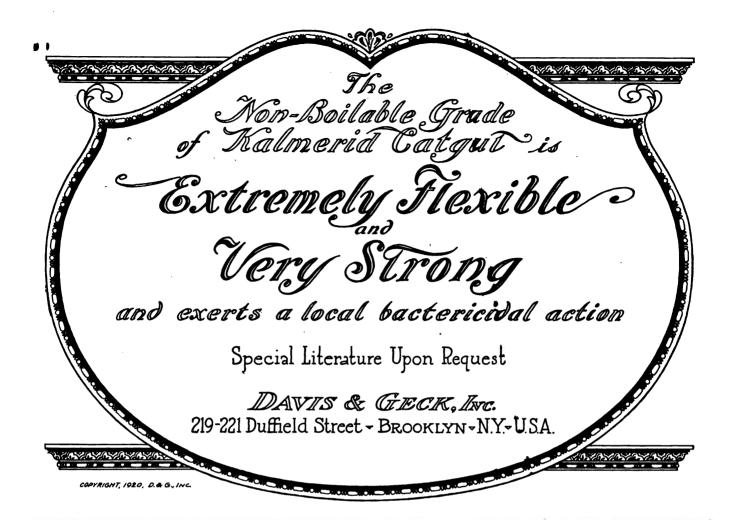
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Michigan Association to A. H. A.—Page 34

Medical Service of Canadratic Copper Company—Page 56



thed on the 18th of each mouth at 417 S. Dearborn St., Chicago, Ill., by The Company, Subscription price, \$2 a year. Entered as scond-class matter May 14, 1917, at the postoffice at Chicago, Ill., under act of March 3, 1879.



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We wish also to assure you that our best endeavors will be to maintain that quality and service which has given character to the Wyandotte Products. And in extending to our friends sincere and hearty Holiday Greetings, we desire for you an abundance of the best things in life, and may the coming year bring health, increased wisdom and happiness.



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IN THE STEPS OF BIG BUSINESS

THE Sales of Surplus Property conducted by the War Department offer such wonderful opportunities for economy in buying that discriminating manufacturers, as consumers, have bought and bought heavily.

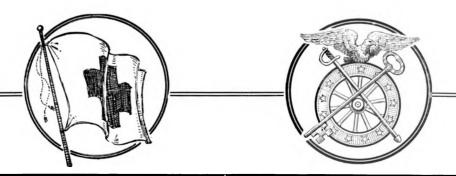
The terms offered by the War Department in all public sales are of especial interest to purchasers of small quantities, and this class of buyer has been quick to follow IN THE STEPS OF THE BIG BUYERS.

Manufacturers, chemists and large institutions using medicinal drugs will find in this sale opportunities that do not exist in established markets. The War Department purposes transferring these items to American buyers at the lowest reasonable figure. Every bid will be given consideration. Interested purchasers are requested to study carefully a list of the items offered and are invited to inspect them at the Quartermaster's Depot nearest them. With a determination to sell these quantities, the War Department, as explained above, will consider any proposal made, but will make awards and conclude negotiations with those persons making the most advantageous offer to the Government.

Government specifications call for the highest quality in raw materials and finished products. The drugs and medicinal chemicals offered by the War Department in this sale conform to the highest standards of the War Department and are available at a time when manufacturers and consumers are demanding lower prices.

Progressive merchants are constantly availing themselves of the economies offered in these War Department Sales. Quick action is advised to obtain those items desired as all are offered subject to prior sale.

Send in your bids NOW. Bids may be submitted up to 10 A. M. Eastern Standard Time, January 3, 1921.





The items are offered for sale by informal bid. Data as to quantity, how packed and location of other items may be had from the Depot Quartermaster nearest you whose address is given below.

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ARGYROL EQUIVALENT-24,775 bottles

(1 oz. bottles)

Located at Philadelphia, Pa. Mfr.—E. R. Squibb & Sons. Packed—240 and 250 in case.

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(25 in tube) Located at Washington, D. C.

Mfr.—Parke, Davis Co.
Packed—25 in tube, 100 tubes to case.
Note—Atropinae Sulphus also in storage at Philadelphia, Chicago, and Fort Mason, Calif.

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ACIDUM BORICUM PULVIS-4.000 lbs.

(1 lb. cartons)
Located Army Base, Brooklyn, N. Y.
Manufactured—Pacific Coast Borax Co.
Packed 100-1 lb. cartons per case.

ACIDUM BORICUM TABLETS—15,700 bottles 12,700 bottles located at Washington, D. C. Mfr.—Frederick Sterns & Co. Packed—500 in bottle-100 bottles to case.

AETHER-39,700-1/4 lb. tins.

Located at Atlanta, Ga.

Mfr.—Mallinckrodt Chem. Co.
Packed—100 tins to case.

Note—Aether in storage also at Washington, St. Louis,
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AETHYLIS CHLORIDUM-21,300 Tubes

Located at Philadelphia, Pa.

Mfr.—Fries Bros., N. Y.
Packed—100 tubes to case,
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LOT NO. 5.

AGAR-AGAR—38,520 lbs, Located—Whse. No. 5, Washington, D. C. Mfr.—Merck & Co. Packed—188 lbs. to container.

LOT NO. 9.

ARGENTI NITRAS CRYSTALS-25,760 bottles

(1 oz. bottles)

Located at Philadelphia, Pa.

Mfr.—Powers, Weightman, Rosengarten Co., Philadelphia,
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Packed—240 bottles in case.

Note—Argenti Nitras Crystals also in storage at Brooklyn,
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ARGENTI NITRAS FUSUS-8,460 bottles

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(1/4 lb. to tin)

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LOT NO. 21.

CHLORALUM HYDRATUM—4,200 bottles

CHLORALUM HIDRAIUM—4,200 bottles
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LOT NO. 22

CHRYSAROBINUM-3,500 bottles

(½ oz. in bottles)

Located at Philadelphia, Pa.
Mfr.—Powers, Weightman, Rosengarten Co.
Packed—240 bottles to case.
Note: Chrysapshism. Note: Chrysarobinum in storage also at Atlanta, Ga., and Chicago, Ill.

LOT NO. 25.

CUPRI SULPHAS-21,600 bottles.

(4 oz. in bottle)

Located at Brooklyn, N. Y.

Mfr.—Grubel & Co.

Packed—100 4-oz. bottles to case.

Note—Cupri Sulphas stored also at St. Louis, Mo.,

Antonio, Tex., and New Orleans, La.

FERRI PHOSPHAS SOLUBIS-950 bottles

(1 lb. in bottle)
Location—Philadelphia, Pa.

Mfr.—Chas. Pfizer & Co. Packed—25 bottles to case.

Address your bids to Depot Quartermaster

Chicago, 1819 West 39th St., Chicago, Ill.

Army Supply Bas Boston, Mass.

hen bidding, remember that buying groups y be formed to acquire such items that have rger minimum selling unit than an individual chaser would have use for.

NO. 29.

LUIDEXTRACTUM COLCHICI SEMINIS—764 bottles

ocated at Philadelphia, Pa. fr.—Parke, Davis & Co. acked—3 cases 240 bottles each, 1 case 44 bottles.

FLUIDEXTRACT ERGOTAE—73 bottles

ocated at Philadelphia, Pa.

fr.—Parke, Davis & Co, acked—2 cases, 25 bottles; 1 case, 23 bottles.

JIDEXTRACTUM IPECACUANHAE—49 bottles

(la lb. in bottle)

ocated at Philadelphia, Pa. fr.—Eli Lilly Co. acked—49 bottles to case.

HYDRARGYRI CHLORIDUM CORROSIVUM TABLETS—54,350 bottles

ocated at Philadelphia, Pa.

fr.—E. R. Squibb & Co.
acked—50 bottles tc case.
ote—Hydrargyri Chloridum Corrosivum stored also at
lyn, N. Y., Chicago, Ill., and Atlanta, Ga.

RARGYRI CHLORIDUM MITE-32mgm. tablets 10,600 bottles

(1,000 tablets in bottle)

ocation-Chicago, Ill.

ocation—Chicago, 11.
fr.—Not given.
acked—100 bottles in box.
ote—Hydrargyri Chloridum Mite 32mgm tablets, stored
t San Antonio, Tex., and Atlanta, Ga.

IODINE SWABS-974,883 Boxes

(6 swabs in box)

cated at Philadelphia, Pa.

fr.—W. D. Yound & Co. Inc. icked—1000 boxes to case. pte—Iodine Swabs stored also at St. Louis Depot, and

NO. 39.

VO. 46.

QUOR HYDROGENI DIOXIDE—13,864 bottles

(1 lb. in bottle)

cated at St. Louis, Mo.

fr.—Mallinckrodt Chem. Co. icked—25 in case (1 lb. bottles) Me—Hydrogeni Dioxide Liquor stored also at Chicago,

nd New Cumberland, Pa.

OLEUM GOSSYPII SEMINIS-87,336 tins.

(1 qt. in tin)

cated at Schenectady, N. Y.
h.—American Cotton Oil Co.
cked—10-gal. and 5-gal. tins.
te—Oleum Gossypii Seminis stored also at Philadelphia,
rooklyn, N. Y.

LEUM MENTHA PIPERATA-1,500 bottles

(1 oz. in bottle)

cated at Brooklyn, N. Y.
Ir.—Magnus, Mabee & Reynolds,
It—Oleum Mentha Piperata stored also at Philadelphia,
hicago and Atlanta, Ga.

he nearest of the following addresses:

sportation Building, ita, Ga.

San Francisco, Fort Mason, San Francisco, Calif.

San Antonio, San Antonio, Texas.



LOT NO. 48.

OLEUM RICINI (CASTOR OIL)-3,742 Quarts

Located at Washington, D. C.

Mfr.—Madison Trading Co.

Packed—1 qt. bottles—12 bottles to case. 2 qt. cans—24
cans to case. 3 pt. tins—30 tins to case.

Note—Oleum Ricini also stored at Brooklyn. N. Y., Philadelphia, Pa., Cihcago, Newport News, Va., and San Antonio.

OLEUM TIGLII (CROTON OIL)—500 bottles

Located at Brooklyn, N. Y.
Mfr.—Dodge, Olcott & Co.
Packed 240 1-oz. bottles to case.
Note—Oleum Tiglii stored also at Chicago, Ill., and Phila-

Note—C

LOT NO. 50.

PHENOL (CARBOLIC ACID)—13,000 lbs.

(5 lb. tins and 1 lb. bottles)

Located at Brooklyn, N. Y.

Mfr.—Warden, Orth & Hastings Corp.

Packed—20 5-lb. tins to case. 25 1-lb. bottles to case.

Note—Phenol stored also at Philadelphia, Pa. and Washington, D. C.

PILULAE ALOILI COMPOSITAE TABLETS-10,000

Bottles

(500 tablets in bottle)
Located at Washington, D. C.
Mfr.—Frederick Sterns Co.
Packed—200 bottles to case.
Note—Pilulae Aloili Compositae Tablets also stored at Philadelphia, Pa., and St. Louis, Mo.

PILULAE CATHARTICAE COMPOUND-25,000 Bottles

(500 in bottle) Located at Washington, D. C.

Located at Washington, D. C.
Mfr.—F. E. Arner Co.
Packed—100 bottles in box.
Note—Pilulae Catharticae Compound stored also at Brooklyn, N. Y., Chicago, Ill., St. Louis, Mo., San Antonio, Tex., Philadelphia, Pa.

LOT NO. 54.

PLUMBI ACETAS-18,500 bottles

(1 lb. in tin)

Located at Philadelphia, Pa.
Mfr.—E. R. Squibb & Son. Packed—100 in case.





Acidum Boricum Tablets Aether Aethylis Chloridum Agar-Agar Aloe Pulvis Aloe Pulvis
Aqua Ammonia
Argenti Nitras Crystals
Argenti Nitras Fusus
Bottles Argyrol
Bottles Argyrol or equivalent (Vitargol)
Tubes Atopinae Sulphus
Bottles Balsam Peru
Bottles Barbital Tablets
Bottles Chloratone Tablets
Tins of Chloroform Tins of Chloroform Bottles of Cafeina Citrata Bottles of Cafeina Nitrata Camphor, powdered Cantharidas Powder Bottles Capsicum
Bottles Chloralum Hydratum Bottles Chrysarobinum Bottles Collodium Bottles Creosotum Cupri Sulphas Tubes Digitalinum Tubes Digitalis Bottles Emetine Hydrochloride Bottles Emetine Hydrochloridum Tablets Bottles Ferri Phosphas Solubis Bottles Fluidextractum Colchici Seminis Bottles Fluidextractum Colonic Semins
Bottles Fluidextract Ergotae
Bottles Fluidextractum Ipecacuanhae
Bottles Hydrargyri Chloridum Corrosivum Tablets
Bottles Hydrargyri Iodide Flavum
Bottles Hydrargyri Chloridum Mite
Bottles Hydrargyri Iodidum Rubrum Bottles Hydrargyri Salicylas Bottles Iodum Boxes Indine Swabs Ipecacuanhae Pulvis

Qts. Liquor Cresolis Compositum
Bottles Liquor Hydrogeni Dioxide
Bottles Magnesii Carbonas Pulvis
Magnesii Sulpinas
Methylis Salicylas
Bottles Oleum Auranti Corticis
Bottles Oleum Caryophylii
Bottles Oleum Chenopedii Capsules
Oleum Gossypii Seminis
Bottles Oleum Menthas Piperata.
Qts. Oleum Ricni (Castor Oil)
Bottles Oleum Tiglii
Bottles Oleum Tiglii
Bottles Peptonizing Tablets
Bottles Peptonizing Tablets
Bottles Pilulae Aloili Compositae Tablets
Bottles Pilulae Aloili Compositae Tablets
Bottles Pilulae Catharticae Compound
Bottles Pilunbi Acetas
Tins Plumbi Acetas
Bottles Potassi Hydroxidum
Bottles Potassi Hydroxidum
Bottles Potassi Hydroxidum
Bottles Protargol or equivalent
Tubes Quinine Hydrochlorosulphas
Tubes Quinine Hydrochlorosulphae
Bottles Sulphas Crystals, U. S. P.
Jars Sapo Mollis
Tubes Scopolamine Hydrobridum
Bottles Strychinae Sulphas
Bottles Trochsci, Ammonii Chloridi
Bottles Quinine Sulphas Crystals
Lbs. Sodii Boras Pulvis
Tins Sodii Phosphas Exsicattus Pulvis
Bottles Solii Carbonas Monohydratus
Bottles Spiritus Ammonia Aromatisus
Lbs. Sulphur Lotum
Tubes Strychninae Sulphas Hypo Tablets
Tubes Strychninae Sulphas Hypo Tablets
Tubes Unguentum Hydrargyri Chloridi Mitis
Tubes Unguentum Hydrargyri Chloridi Mitis
Tubes Unguentum Hydrargyri, 10% Mercury
Bottles Zinci Oxidum
Cartons Zinci Sulphas

Conditions of Sale

Goods are sold "as is" f. o. b. point of storage. Inspection is invited and may be made at points of storage indicated for each item. Permits to inspect may be obtained from the nearest Depot Quartermaster to the point of storage under each item.

Bids must specify the item number of each item upon which bids are made. No special form of bid is necessary. Bids may be made by letter or telegram. No deposit will be required when aggregate of bid or bids of any one bidder is \$1,000 or less. When bid or aggregate bids is for more than \$1,000, a 10% deposit thereof must be submitted with the proposal.

Bids on items offered in Medical and Hospital List No. 8 will be received up to 10 A. M. Eastern Standard Time, January 3, 1921.

The Government reserves the right to reject any or all bids or any part thereof.

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Office of Quartermaster General

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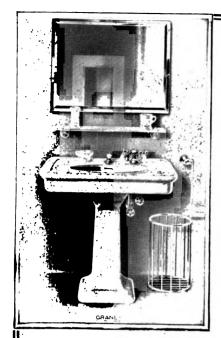
Supplies and Equipment for Medical and Surgical Institutions

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NEW YORK

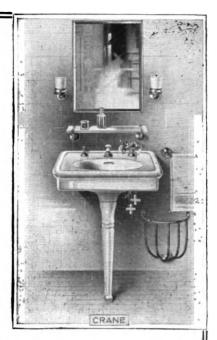
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CRANE LAVATORIES

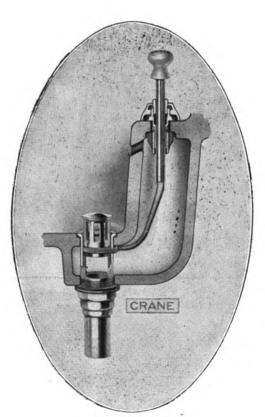
made of Vitroware, the most sanitary material known, are ideal for the bathroom because of their impervious body and the ease with which they may be cleaned.



Y 828

Y 921

The "Securo Waste" used with Crane Lavatories is a quick draining direct lift pop-up, with an extra large unobstructed outlet that permits the water to run quickly from the basin, leaving the bowl in a sanitary condition.



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Disinfectant, Deodorizer and Cleanser

For use in the Sickroom, Hospital, Operating-Room and for use wherever there are bacterial growths, foul odors and suspected sources of infection to deal with, in the interest of sanitation and disease prevention.

An alkaline mixture of water-soluble chloramines in powder form, Sterilac: is about 45 times stronger than phenol. Yet it is non-poisonous, serving even for disinfecting food utensils and for purifying suspicious drinking water. Neither smelly nor mussy. Nor does it injure metal or rubber parts. Best and most effective for household, office and hospital.

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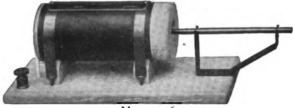
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In inoculating culture tubes or making sputum smears the spattering occasioned by flaming the platinum loop in the Bunsen burner flame has long been recognized as undesirable, especially as it is a source of great danger to the health of the operator. This trouble is entirely done away with in the de Khotinsky Cremator, in which the flaming of the loops may be performed with perfect safety.

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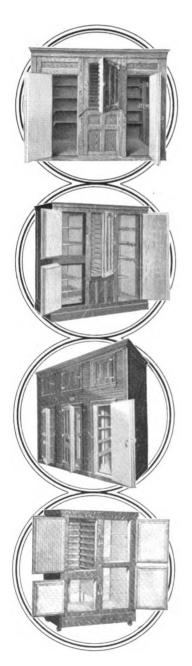
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McCray Refrigerators are different in construction than other refrigerators. They are the result of years of careful study by refrigeration engineers. Hospitals and Institutions from Maine to California have found by experience that the McCray is correct in principle—because cold dry air in every compartment is assured. The styles illustrated herewith are designed for Hospitals and Institutions but this is not our complete line. Our catalog No. 52 shows many more refrigerators and coolers. Get a copy of this catalog—it will tell more about the McCray.

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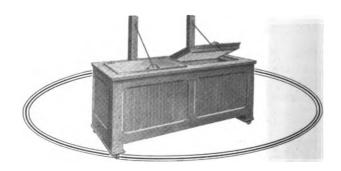
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Hygenic-Made "Kay" Band Sanitary Napkins are better. Better because covered with soft, closely knit web, and filled with Hygenic-Made Cotton of greatest absorbency, and moisture retaining quality.

"Kay" Band Napkins are superior in quality, comfort and service because we make them that way. They appeal instantly to patients who are accustomed to the best. The Napkins themselves are evidence of their own better quality, and a sample will demonstrate that fact.

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Two features contribute to

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Heidbrink control, through simple adjustments, dial gauges and automatic maintenance of any dosage prescribed. Experimenting is made unnecessary, dosage is kept exactly correct, and waste is eliminated.

Heidbrink accuracy and simplicity, plus Heidbrink economy make this machine the logical equipment for modern hospitals.

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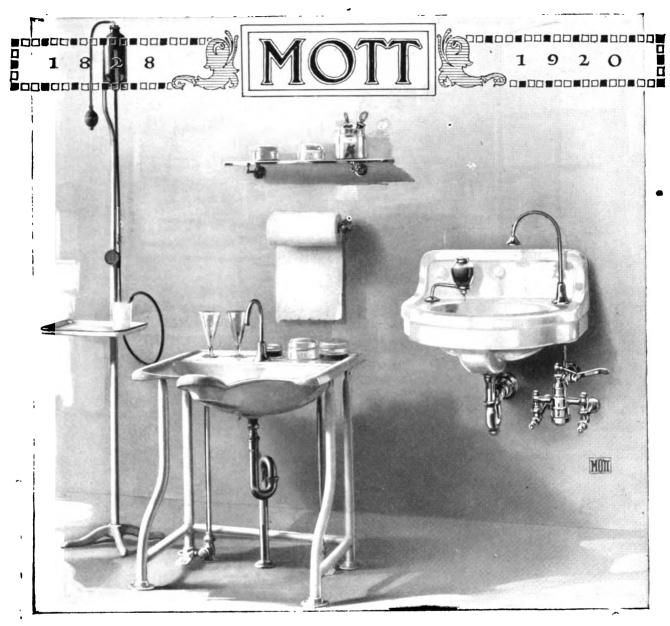
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The straddle stand has become an essential part of the equipment necessary in the treatment and prevention of Genito Urinary Diseases.

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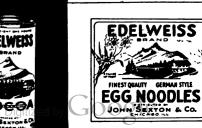












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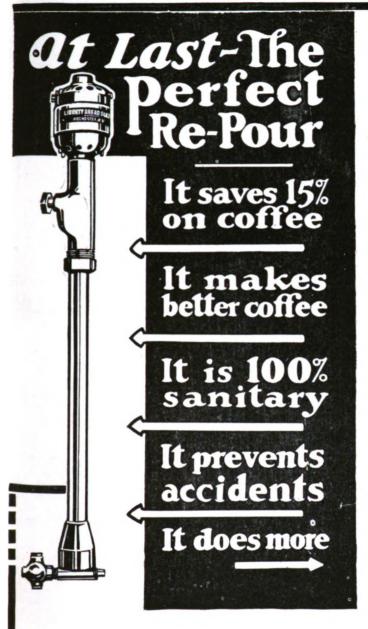
The purpose is to Save You Money and to handle all your laundry problems. The test is the proof. Test us with questions or fill in the coupon below for a sample money-saving order of any immediate laundry requirement.

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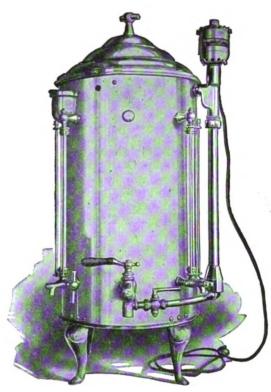


The electric motor is wholly enclosed and is situated above the high coffee level. It is, therefore, impossible for any coffee or even steam or dampness to come in contact with it or its casing. The arrangement of the motor is such as to require no attention. The specially designed centrifugal pump gives a rapid flow immersing the coffee bag and eliminating the necessity of spreader or sprinkler. The pump is so constructed that draining the urn also drains the pump and coffee line.

FIELIBERTY Coffee Repouring Pump is worth investigating," said E. P. Sonnhalter, king of the industrial restaurant field of Cleveland, from the convention floor at the gathering of restaurant men in that city recently.

This coffee urn percolator repours $1\frac{1}{2}$ gallons every thirty seconds and is easily attached to any urn. By actual test it saves fifteen per cent in coffee and produces better quality in the cup.

The Liberty Coffee Repouring Pump eliminates the danger of scalding the operator and of the spilling of coffee on or about the urn. It also does away with the receptacle used in the old method of repouring by hand and the necessity of removing the urn cover.



PUMP BUILT INTO URN

The Liberty Coffee Repouring Pump attached to urn through faucet. It may also be built into urn through three-way toadstool. By means of shut off cock shown above the volume of flow may be regulated from ½ gallon to 5 gallons per minute as the user desires. Coffee may be drawn and served while pump is repouring, thus insuring uniform quality as the same amount may be repoured each time, even during rush period.

Ask Your Supply House for a Demonstration

Liberty Bread Slicer, Inc.

Main Office and Factory, 108 Platt St., Rochester, N. Y.

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Essential for Standardization---

No matter how fully your hospital, in its various departments, provides the various facilities agreed upon as necessary in the maintenance of standardized service, it cannot make use of these facilities properly, and cannot qualify as a standard institution, unless adequate records are also provided. Every discussion of the vital question of standardization and of the service which it implies emphasizes the need for complete and carefully-kept records. Forms for such records have been approved by the American College of Surgeons—we can furnish them in any quantity desired.

Here Are the Approved Forms:

These are the forms prepared and approved by the American College of Surgeons, the organization which initiated the standardization movement:

- 1-Summary Card
- 2-Personal History
- 3a-3b—Physical Examination, 1 and 2 4a-4b—Ear, Nose and Throat Record,
 - 1 and 2
- 5-Eye Record
- 6—Operative Record
- 7-Pregnancy Record
- 8-Labor Record
- 9-Newborn Record

- 10-Urine and Blood
- 11—Sputum, Smears, Exudates, Transudates, Cerebrospinal Fluid, Cultures,
- 12-Gastric Content, Feces
- 13-Progress Record
- 14—Treatment Record
- 15—Nurse's Record
- 16—Graphic Chart
- 17-X-Ray Requisition
- 18-Analysis of Hospital Service

Fill Them and File Them

Next only in importance to keeping your records accurately and fully is the work of filing them systematically, so that they are readily accessible for staff use or for other reference. Our binders and filing systems take care of this with the minimum of attention, and enable you to use your records after they are made instead of losing them in a mass of material.

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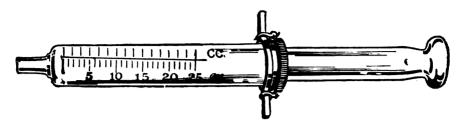
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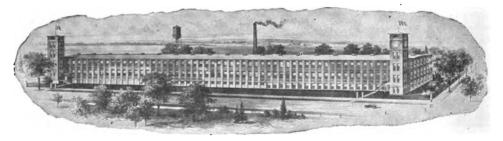
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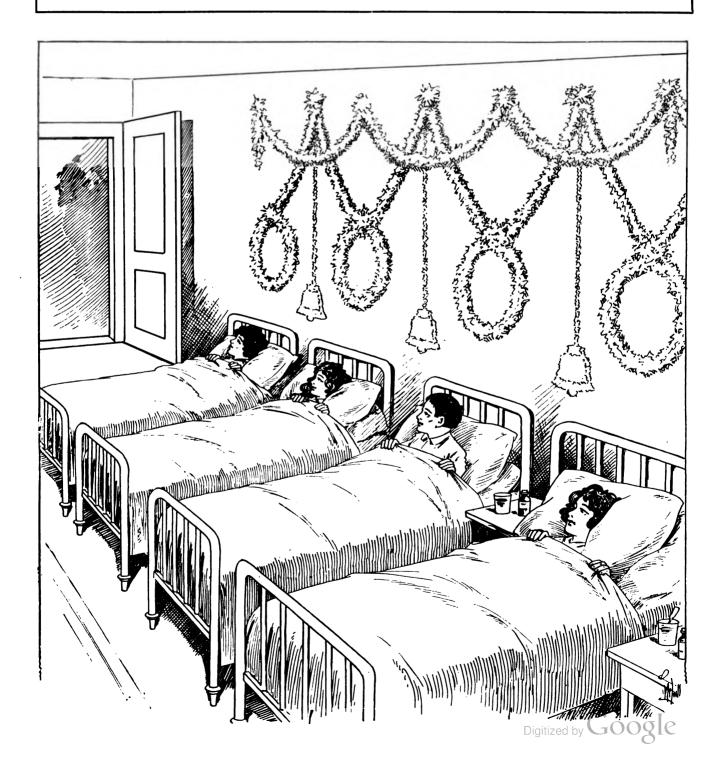
Vol. X, No. 6 December, 1920

HOSPITAL MANAGEMENT

417 S. Dearborn Street, Chicago

Published in the Interest of Executives in Every Department of Hospital Work

Will There Be a Santa Claus in Your Hospital?



Hospitals Prepare for Santa Claus

Gifts for Patients, Christmas Trees, Holiday Decorations, Turkey Dinner and Music and Entertainment on Program

Hospitals throughout the country are devoting more attention to the observance of Christmas day, according to reports received from a number of institutions, some of which, through their occupational therapy departments, start preparations for Santa's annual visit more than a month ahead of time. In these hospitals patients are taught how to make toys and decorations for the Christmas tree, which is as much a feature of a hospital program as it is in the home.

Larger hospitals set up trees in various wards and in the lobby or some other similar point, and decorate corridors, wards and rooms with evergreen, wreaths and other symbols of the season.

Turkey and trimmings feature the Christmas dinner, which in many institutions is served to the help as well as attaches of the hospital and to all patients whose condition will permit their indulgence in this kind of food.

Santa Claus makes his appearance Christmas eve when the holiday services usually are held and in many cases he does not confine his activities to the children's ward, but visits adult patients and the help as well.

Saint Nick usually has a gift or remembrance, provided by an auxiliary board or friends of the institution, for everybody. In some cases, Santa makes his rounds Christmas Eve to learn the desires of the patients and comes again Christmas morning with the articles or toys requested.

The Christmas eve services usually include the singing of a hymn, address by chaplain, music and entertainment either by members of the hospital personnel or by professional entertainers.

Another general practice is for the nurses to make the rounds of the institution Christmas morning carrying a lighted candle and singing Christmas carols.

Each year sees a more elaborate observance of the day, and in many hospitals, especially in the children's wards, the patients have just as happy and merry a Christmas as they would have had at home.

AT MIAMI VALLEY HOSPITAL

Dr. E. R. Crew, superintendent Miami Valley Hospital, Dayton, Ohio, thus describes the Christmas program at that institution:

"On the day preceding Christmas the hospital and nurses' home are decorated with holly, smilax and red paper. Christmas eve a church choir or chorus sings Christmas carols in the corridors. Christmas morning at 6 the nurses carrying candles march through the hospital singing carols.

"The children on Christmas morning find in their ward a tree beautifully decorated, and bearing gifts for which they have expressed a desire in letters sent to Santa Claus. This has been supplied for years by a good friend of the children.

"A spray of holly and a plate of fruit is provided for each patient by the Visiting Nurses' Association.

"Committees from several churches also distribute Christmas cards, fruit and candy.

"A special Christmas dinner of turkey or chicken with cranberry sauce is provided for all.

"The nurses have their own Christmas tree and party, at which a play is usually given.

"All employes are presented with a box of candy."

Several weeks before Christmas, patients at Presbyterian Hospital, Chicago, are busy making toys and decorations under the supervision of the occupational therapy department of the hospital. The bulk of these trinkets are used to decorate the large tree in the lobby of the institution, but other products find their way to the smaller trees in the children's and general wards.

The Christmas program, according to Asa S. Bacon, superintendent, is under the direction of the Woman's Auxiliary Board, which not only provides entertainment, but also sees that gifts for the children and others are provided and that every one is remembered. The principal program is given Christmas eve in the chapel, beginning with the singing of a Christmas hymn and a prayer by the chaplain and concluding with songs, reading and other numbers, some of them by professional entertainers. This year the program will include a ventriloquist and whistler in addition to musical and vocal numbers and recitations.

SANTA CLAUS MAKES APPEARANCE

On Christmas eve, also, Santa Claus makes his appearance and centers his activity in the children's ward, where every little patient receives a toy or a gift and where music, songs and other entertainment causes all to forget that they are in a hospital. The brilliantly decorated tree, the carols, music and Santa's broad smile and well-stocked bag bring such cheer that invariably every youngster asserts that Christmas in a hospital is just as jolly as at home, and parents who see the happiness of their child and the others, readily agree.

The entire building is in holiday dress, with evergreen, holly wreaths and decorations in the corridors and wards, and that the patients may enjoy the day to the utmost, restrictions on visiting are modified on Christmas Day. Early in the morning the patients are awakened by sounds of "Silent Night," "O, Come All Ye Faithful," "Joy to the World," and other Christmas carols and hymns that are sung by groups of nurses in every corridor and ward. Then comes another exchange of Christmas greetings and all those whose condition permit it begin to think about Christmas dinner. This is served to every one connected with the hospital, including the help. The menu for Christmas, 1920, is as follows:

Oyster Soup
Celery Olives
Grapefruit Salad
Roast Turkey Sage Dressing
Giblet Gravy Cranberry Sauce
Mashed Potatoes
Vanilla Ice Cream Marshmallow Sauce
Nuts Candy
Coffee

AT NORTON MEMORIAL INFIRMARY

Christmas features at Norton Memorial Infirmary, Louisvill, Ky., are thus described by Miss Alice M. Gaggs, superintendent:

"Every one here is planning for Christmas.

"The patients in private rooms are taken care of by their friends and the rooms overflow with beautiful flowers and Christmas remembrances. The halls and wards are decorated with evergreens and red berries, and the Christmas spirit prevails everywhere.

"Our chaplain, Canon Hardy, of the Cathedral, always brings the choir boys to sing the carols on Christmas Eve, and this feature is enjoyed by everyone.

"The Christmas tree always finds its way into the children's ward and the nurses take great delight in seeing that each child is made as happy as possible.

"The nurses are not forgotten. The home is made bright with Christmas decorations. A Christmas dance is planned for the holidays and the nurses all get Christmas boxes from home.

"The doctors are most generous and send candy, fruit and nuts, which last well through the holidays.

"A great deal of thought is given to the Christmas dinner, and oyster cocktail, turkey, cranberry sauce and even plum pudding is provided for those who can safely have it."

PROGRAM AT ST. PAUL CITY HOSPITAL.

"Nothing is neglected to make our patients forget that they are not at home enjoying the best of health, and every thing is done to impress on their minds that it is Christmas Day," writes Dr. A. B. Ancker, superintendent, City and County Hospital, St. Paul, Minn. "The people of this city are more than liberal in helping us to do these things. Trees that are furnlished us are large and always beautifully decorated."

The menu for Christmas Day at the St. Paul City and County Hospital is as follows:

Vegetable Soup Crackers Celery
Roast Turkey Cranberry Sauce
Sweet Corn Mashed Potatoes
Ice Cream Cake
Coffee

The program for Christmas, 1920, according to Dr. Ancker, is about as usual.

"Last year on Christmas Eve the Catholic Guild distributed jelly, fruit and candy to all patients in the wards, making special effort to see that all tubercular patients were provided for," Dr. Ancker explains. "Some of the choir of one of the churches visited the hospital and sang Christmas carols. Decorated trees for all of the wards were provided by St. Elizabeth Guild of St. Clement's Church. They were placed in the wards early Christmas morning, with baskets of fruit and candy for almost all of the patients. Children hung up their stockings on the foot of cots. Oranges, apples, hair-ribbons, dolls and small toys found their way into these stockings.

"Then came Santa Claus at 10 a. m. with his pack and made the rounds of the wards. Not one was forgotten, from the smallest babe in the maternity ward to the oldest grandmother or grandfather. Santa Claus made everybody happy with his smile and hearty greetings, always accompanied by the jingle of his sleigh bells. After that somebody came to sing and play, and all those who could walk or be carried in gathered in one of the corridors and listened to the music. Doors were left wide open for those who remained in bed to hear and enjoy the music.

"Finally, came the wonderful Christmas dinner. After dinner, friends and relatives brought in flowers, fruit and good cheer. Mary showed her dolly that talks to her mother and Johnny showed his skates to his father, because you see the children in the City and County Hospital are taught to believe in Santa Claus. This belief has been made possible because of what our good friends have done for us. also, the employes of the hospital give themselves freely for Christmas to help make the day of all days the happiest of the year."

COMMITTEE ON DECORATIONS

City Hospital, Worcester, Mass., of which Dr. Charles A. Drew is superintendent, has a committee of five on decorations for Christmas. Miss Marian Dunham, head of the social service department, is chairman of the committee. Every ward will have a small tree and be decorated with

wreaths, mottoes and streamers, etc. The children's pavilion will have a large tree on the first floor, where the special Christmas music will be given on the afternoon of Christmas Day. This music will consist of singing of hymns by a chorus of nurses, with piano, violin and cello accompaniment, Mrs. Charles A. Drew, wife of the superintendent, at the piano, Miss Margaret Morris, a recent graduate nurse playing the violin, and Miss Ellen Ashton, a student nurse, playing the cello. Convalescing patients from wards and private rooms, who are able to leave their own bed or room, will be invited to the exercises.

On Christmas Eve a company of young people from the First Baptist Church, Worcester, will give an entertainment in the children's pavilion and will also give presents to the sick and crippled children.

Objects of Service Bureau

A. H. A. Bulletins Outline Aims of Section on Dispensaries and Community Relations

The objects of the service bureau on dispensaries and the community relations of hospitals of the American Hospital Association, of which Michael M. Davis, Jr., is chairman, are outlined in recent bulletins of the A. H. A. which tell of the practical features of this bureau and urges hospitals to make use of its experience.

"Do these questions interest you?" the bulletin asks, listing the following problems, whose solutions will be attempted by the bureau:

In how many individual hospitals have the trustees, the staff or the superintendent worked out a plan for the future of the hospital, based on knowledge of what the people of the community need and will support? How should such a plan be worked out?

What are the best plans of financing hospitals, these days of the high cost of living? How interest more people? How secure larger funds?

How many hospital beds does a community need in proportion to the population?

How many beds of each kind are needed; general medicine, general surgery, maternity, children's, contagious, etc.?

In building a new hospital or enlarging a hospital, how many beds should there be for these various services? How many should be planned for pay, for part pay, for free patients, and what proportion for each?

Is there need for a dispensary or an out-patient department of the hospital? How may the poor get free medical service without overburdening public-spirited physicians? How may the middle class obtain services of specialists?

What can hospitals and dispensaries do to co-operate with the industries of the community?

How can these hospitals and dispensary services, if started, be financially supported?

How best present a hospital's work to the public?

How much income do you derive from the operation of your dispensary from admission fees, fees from medicine, etc.? What proportion are these fees of your total expenses? Do you know that many well-established dispensaries are securing from 30 per cent to 50 per cent of their entire expenses from their patients without curtailing service to those who cannot pay even nominal fees?

How much time of your doctor in the dispensary is spent on non-medical work, clerical or policing? Do you know what other dispensaries have done to enable the doctors to devote their time to the actual medical work, that only doctors can do, and how the expenses of this assistance have been met?

How best relate dispensary medical staff and hospital staff so that the hospital will stimulate the medical work of the dispensary and the dispensary make the hospital more efficient by aiding in the admission and after-care of patients.

Do you know how many patients, with probably serious diseases, make only one visit and never come back?

How nearly is your dispensary meeting such community needs, as co-operation with the charities of the city, with the medical school inspection, with the department of health?

Elaborate Program at Cook County

Holiday Observance Begins with Santa's Visit Christmas Eve and Concludes with Movie Show Following Night

Few private homes prepare a more elaborate Christmas celebration than that which is held annually at the Cook County Hospital, Wood and Harrison streets, Chicago. The hospital authorities leave no stone unturned to make Christmas inside the hospital walls just as much of an event as it is to people who can celebrate the Yuletide season "outside," in any way they see fit; as a result, a child who has participated in one Christmas celebration in the County Hospital is rather glad than otherwise if she happens to be a "come back" case the following Christmas. Many poor children in Chicago and other points in Cook County never really knew what it was to have a happy Christmas until they spent one "at the County."

It may be imagined from the above that an unusual amount of trouble and expense is attached to the annual visit of Santa Claus to the hospital, but such is not the case. The hospital management has systematized the coming of the white bearded gentleman each year to a degree where the annual celebration passes off as smoothly as the nightly presentation of a big play in a city theatre. And through careful preservation from year to year of decorations and other Yuletide accessories, and the co-operation of friends of the hospital, working through the social service bureau, the expense of the celebration is not very great.

For several days in advance of Christmas the "up" patients at the County Hospital are busy under the directions of nurses putting up the Christmas decorations of holly, evergreens, bells, colored lights, bunting, etc. As stated previously, much of this material is used year after year and a certain amount of new material is contributed each year through the social service bureau.

There is a great deal of friendly rivalry among the patients as to which ward will be the best decorated, and the nurses also outdo themselves in trying to make their wards the prettiest. In many of the wards gaily decorated Christmas trees are set up on Christmas eve; without exception each of the children's wards has one such tree. Besides, three large trees are set up out in the large court yard, lighted and decorated in accordance with the best Christmas tree traditions, and as these trees can be seen by the majority of the patients of the hospital they do considerable to help in the spreading of Christmas cheer.

On Christmas eve, also, Santa Claus himself, impersonated by one of the men from the hospital office, visits each and every child in the hospital and asks what they wish for Christmas. As nearly as possible these wishes are complied with by parcelling out to the best advantage possible the gifts sent in through the social service bureau, and contributed by church societies, lodges and private individuals. Be it understood, many of these gifts are for grown people and the Christmas spirit in the hospital is not confined to children alone. Old people in the hospital, bent with age, look forward to the coming of Christmas with the same eagerness that the children do, almost, and a real effort is made to make them have as happy a holiday as the children are sure to have.

The day before Christmas, as far as it is possible to do so, new hospital clothes are given to all patients and there is no doubt that, judging from the pleased expressions and comment that follow the distribution of this raiment, it helps

to enhance the pleasure of the great day. Just before "bed time" all children who wish to may hang up their stockings and when morning dawns they will be far from disappointed with their "catch." Every child gets fruit, nuts and candy, distributed by the night nurses who substitute for Santa Claus, and most of the children get one or two real gifts of some sort, if there are enough to go around.

At 4 o'clock Christmas morning groups of student nurses pass through all the corridors, carrying lighted candles and singing Christmas carols. This Christmas morning music seems to make a particularly fine impression on the patients and put them into the proper frame of mind for adequate participation in the joyous events of the day.

Christmas morning is spent in eating nuts, fruits and goodies of all sorts, comparing gifts and awaiting the midday dinner, which includes turkey, cranberries, mince pie and, in fact, every Christmas dish that might be expected to appear in the homes of even wealthy families on Christmas day. A patient has to be very sick indeed not to share in this dinner.

On Christmas night one of the wards is converted into a real "theatre," and moving pictures, songs, and "stunts"



CHRISTMAS DECORATIONS AT COOK COUNTY HOSPITAL

of all kinds are furnished as entertainment. Several years ago a local theatre donated to the hospital some scenery, "drops" and other stage paraphernalia. This is saved from year to year, and when "touched up" a bit, furnishes an ideal setting for the stage that is erected in one ward each Christmas night. The entertainment itself is furnished by talent which volunteers for the occasion, and moving pictures which are donated each year by some "movie" show proprietor.

The annual Christmas night show is the grand and glorious event of the Yuletide season and for that reason everybody who can possibly do so endeavors to be on hand. House doctors lift their bedfast "grannies" into wheel chairs and carts, and their enjoyment at the attention thus accorded them is fully equal to the enjoyment of the show itself. It goes without saying that every child who is able to leave his or her bed is on hand bright and early for the big event. For the benefit of those who cannot attend, singers from "outside," accompanied by a truck containing a piano, go through the various wards giving concerts of an impromptu nature. Sometimes these concerts are given in the afternoon as well.

Hospital Systematizes Its Gifts

Printed Slips Issued by Los Angeles County Institution Tell Benefactors Articles Wanted by Patients

By Norman R. Martin, Superintendent Los Angeles County Hospital, Los Angeles, Cal.

The Christmas activities in Los Angeles County Hospital each year follows the same general lines. Heretofore we have always had a large Christmas tree in our chapel and a few small Christmas trees in some of the wards. Last year we had our large tree, as usual, to which all ambulatory patients and also all who were able to be moved in wheel chairs were taken, but each ward also had its individual small tree. These little bright spots of tinsel-covered green added greatly in producing the Christmas atmosphere.

The large manilla envelopes, $7\frac{1}{2}\times10\frac{1}{2}$, used by the hospital for filing medical histories, were utilized as Christmas containers. These envelopes were distributed to various clubs, societies and individuals who were interested in the hospital Christmas, and were returned embellished with a Christmas card pasted on the front side and containing Christmas gifts for individual patients. This worked out so satisfactorily that we are going to repeat it this year.

MORE DECORATIONS EACH YEAR

Each year has brought more in the way of general Christmas decorating, and this year we expect to out-do all former years. The Junior "Y" (women) has formed a committee whose special work for the County Hospital is decorating for holidays. Our children's ward is, as usual, especially well cared for. Last Christmas the rule that the general public should not be admitted to entertainments was adhered to quite strictly and the result was very gratifying. The children were much happier and the usual aftermath of Christmas—irritation and acute stomach trouble, the result of injudicious eating, nerve strain from seeing and talking with many strangers, etc., was absent.

Duplication is eliminated as far as possible by consultation between the hospital social service department and the hospital chaplains (Christian Endeavor, Catholic, Episcopal) and various chairmen of social service departments, of clubs, etc.

As usual, Christmas week of 1919 was full of entertainments of various sorts, churches, choral and dramatic clubs, societies, schools, etc., all aiding in bringing Christmas cheer to the patients and meeting the fullest co-operation from the hospital management in aiding them in working out their plans of entertainments.

The Christmas menu for patients and employes consisted of soup, turkey, cranberry sauce, ice cream with olives, celery and the usual trimmings. The same will apply this year.

EMPLOYES ARE REMEMBERED

Various song exercises and entertainments are provided by the Christian Endeavorers particularly, who go about the hospital.

The Christian Endeavor workers particularly are solicitous to see that the employes of the institution receive Christmas remembrances and cheer, the same as patients. Many of our employes, particularly in the training school for nurses, are away from home and it is refreshing that those outside of the hospital management take an interest in seeing that they are remembered and cheered up on that date.

When people ask what they can do for the County Hospital at Christmas time, we give them a list of specific

things which are needed. The following is a copy of such a list:

CHRISTMAS LIST FOR COUNTY HOSPITAL

CHILDREN'S WARD

Kindergartner and supervising nurse are asking for following articles (not necessarily expecting to get them.):

Cuckoo Clock.

Children's Rocking Chairs.

Singing Canaries (Have two empty cages.)

Toys (Any description.)

Dolls (Greatly in need.)

Hair Ribbons.

Children's Sweaters.

Bonnets for Babies-with washable strings.

Babies' Stockings.

Piano (Would try to be satisfied if could have it for month of December.)

Material for kindergarten work.

Kiddie Kars.

Christmas tree decorations.

Popcorn.

Games, dominoes, checkers, playing cards, etc.

GENERAL WARDS

Nightingales.

Hot Water Bottles.

Hoods.

Sweaters for Men's Tuberculosis Wards.

Razors and Shaving Soap.

Postal Cards (Stamped, and not written on.)

A dollar bill in envelope very acceptable for old people who are entirely without money.

Shoe-laces, stamps, perfume, pen points, pens, pencils, combs, small hand mirrors, tooth-brushes, letter paper, talcumpowder, canes, soap, bed-slippers, tooth paste, bags, boudoircaps, Christmas tree decorations.

A. H. A. Employment Bureau

Trustees of the American Hospital Association, according to service bulletin No. 22, issued by Dr. A. R. Warner, executive secretary, have decided to revive the employment bureau of the association. This bureau, although established several years ago, has not been active for some time.

"It is apparent that the activities of this bureau depend entirely on our members," says the bulletin. "It can operate only through prompt information as to the existence of vacancies and information as to the desire of various hospital workers to change location or position. It is planned that this bureau shall include superintendents, assistant superintendents, department heads and department workers in the laboratory, X-ray, social service, training school and dietetic departments. Please inform this office promptly of vacancies developing in your institution, together with the necessary data as to salary, work, etc., and convey information concerning this bureau to such persons leaving your employment as in your judgment can become satisfactory employes in other institutions."

Training Schools Increase

There were 1,776 hospital training schools in operation during the scholastic year of 1917-18, according to the Bureau of Education, Washington, in comparison with 1,520 in 1915-16. Twenty years ago there were 432 schools.

Michigan to Affiliate with A. H. A.

Wolverine Hospital Association Votes to Become Geographical Section of National Body; Nurse Problems Discussed

By Durand W. Springer, Superintendent, University Homeopathic Hospital, Ann Arbor, Secretary Michigan Hospital Association.

The midwinter meeting, of the Michigan Hospital Association was held in the rooms of the Ladies' Literary Club, Grand Rapids, December 7 and 8. Ninety-seven visitors were registered, representing hospitals in 22 cities.

The first session was given over to reports of committees. The committee on legislation reported two matters which it expected to call to the attention of the legislature at its meeting in January. The first related to proposed amendments to the nurses' bill and the second to the introduction of a bill which would seek to protect hospitals and sanitariums in much the same manner as hotels and boarding houses are protected. The suggested amendments to the nurses' bill follow quite closely the bill passed in New York last summer. It establishes a "trained attendant," who may be licensed by the state board on completion of a course of nine months, six of which shall have been in practical work. The trained attendant must have had at least a sixth-grade education and be more than 18 years old. It is also proposed to increase the educational requirement for a registered nurse to two years of high school work. The amendments provide for compulsory registration of nurses, which has not been the case so far in Michigan, and also for annual re-registration.

The committee on recruiting of pupil nurses reported the work which had been done in the campaign during the summer, as a result of which the hospitals were in better shape this fall than last year. Suggestions were made as to plans that should be followed later in the year. During the discussion of the needs for more pupil nurses it was brought out, as a result of a questionnaire which had been presented to all pupil nurses in training schools in Michigan, that practically 50 per cent of the pupil nurses had taken up nursing because their attention had been called to it by graduate nurses, by physicians, by friends or relatives who had been patients in hospitals, or by pupil nurses, and the numbers were in the order indicated. The other 50 per cent had entered nursing because of what might be termed a natural in clination or personal desire on their part, coupled with an ambition to render service to humanity.

WHY SCHOOLS WERE SELECTED

When it came to a determination of the reasons why the nurses chose the particular training schools which they did it was found that two-thirds of them selected the school because it was near home, or on its reputation, and about one-third were directed to the particular school by nurses, doctors, and friends with hospital experience in about equal numbers. Less than one-third had actually visited the school which they entered prior to enrolling and less than one-half had made a comparison of the advantages offered by schools through a study of their catalogus.

The committee on preliminary training for nurses, which had been appointed only recently, reported that they were preparing to confer with boards of education in cities having junior colleges with the hope that something in the way of preliminary training might be introduced.

At the second session former United States Senator William Alden Smith made a short address in which he called

attention to the great work which was being done by hospitals and suggested that those connected with this work were usually too modest in presenting their cause to the public.

Dr. Andrew R. Warner, executive secretary of the American Hospital Association, spoke on affiliation of state associations with the American Hospital Association. At the conclusion of his address the association unanimously instructed the secretary to petition the American Hospital Association for recognition of the Michigan Hospital Association as a geographical section.

John A. Lapp, editor of Modern Medicine, Chicago, spoke on "Newer Phases of Health Organizations." He brought out that there was not in reality much duplication of work in health activities, although the charge was often made that there was. While there was much talk about disease, we should, as a matter of fact, talk about the methods by which health might be promoted. Until recently little attention had been paid to the human problems of hospital work and social service work in hospitals is practically new. Attention was also called to the recent movements for maternity care and for the work of rehabilitation. The necessity for rehabilitating the soldiers has brought out more forcibly than ever the lack of medical and surgical care given men in all walks of life, which has caused many to be thrown on the "scrap heap." Somewhere in the United States each phase of humanitarian work is being tried out by some organization, but nowhere are all phases being tried, and the immediate problem before us is to gather up the results of successful experiments so that each organization may receive the benefits of the work done by all of them.

NEXT MEETING AT ANN ARBOR

At the last session Miss Harriet Leck, from the State Department of Health, Lansing, presented a paper on "Relation of Michigan Hospitals to the Public Health Nursing of the State," in which she outlined all the various activities now being carried on by the department of health.

The Round Table was conducted by Dr. Warren L. Babcock, superintendent of Grace Hospital, Detroit, and the following questions were discussed:

What should be the policy of hospitals with regard to medical and surgical care of pupil nurses?

Should pupil nurses be subject to the use of typhoid antitoxin, Schick test, and removal of tonsils?

What care should be given to nurses' feet?

What care should be given to nurses' teeth?

Should hospitals give reduced rates to members of the staff, their families, graduate nurses, clergymen, and doctors?

What is the advisability of establishing pay clinics in

connection with general hospitals?

What should be the relation of the amount of fire insurance policies to the amount of appraised value of the property?

Should babies be counted in the maternity wards and averaged in the daily number of patients in fixing per capita costs?

What type of hospital worker should be used for followup work and investigating?

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What should be the charges per diem for compensation cases?

What are ethical forms of publicity for hospital training schools?

What are proper visiting hours for hospitals?

The association voted to hold its next meeting in Ann Arbor Tuesday and Wednesday, June 7 and 8.

Following the close of the meeting the members of the association were guests of the Grand Rapids members at a complimentary luncheon, after which they inspected the three hospitals—Butterworth, Blodgett and St. Mary's.

Dr. Christopher G. Parnall, president of the association, has appointed the following committees for the coming year:

Committee on Time and Place—Dr. Stewart Hamilton, superintendent, Harper Hospital, Detroit; Anna M. Schill, superintendent, Hurley Hospital, Flint; Dr. Merrill Wells, superintendent, Blodgett Hospital, Grand Rapids.

Committee to Confer with Boards of Education in Cities having Junior Colleges on Preliminary Training for Nurses—Emily A. McLaughlin, superintendent, Farrand Training School, Harper Hospital, Detroit; Mrs. Lystra E. Gretter, Visiting Nurses' Association, Detroit; Dr. Richard Smith, Blodgett Memorial Hospital, Grand Rapids; Mrs. Claude Hamilton, Butterworth Hospital, Grand Rapids; Dr. Christopher G. Parnall, superintendent, University Hospital, Ann Arbor.

Committee on Uniform Records and Accounts—D. W. Springer; Dr. Warren L. Babcock, superintendent, Grace Hospital, Detroit; Dr. J. H. Burley, superintendent, Burley Hospital, Almont.

Committee on Recruiting of Pupil Nurses (reappointed)— Emily A. McLaughlin; Annie M. Coleman; Mrs. Elizabeth Vaughan, Central Bureau of Nursing, Detroit; Dr. W. L. Babcock; D. W. Springer.

Sanatorium Body Meets

Mail Follow Up of Ex-patients Discussed at Gathering at Rochester, N. Y.

The American Sanatorium Association held a meeting at the Iola Sanatorium, Rochester, N. Y., December II, at which about seventy-five visitors from all parts of the country were present.

Among the matters discussed at the gathering was that of a nation-wide follow up by mail of all the ex-sanatorium patients, with the co-operation of the National Association. Other subjects included the extension of post-sanatorium treatment into the homes of selected groups, both urban and rural, throughout the country, and the modification of the present classification of the pulmonary tuberculosis by including X-ray findings.

The scientific discussion was on the present day status of the early diagnosis of tuberculosis, and various phases presented by speakers were discussed generally.

The association was entertained at a luncheon by the Monroe County Sanatorium and at dinner at the Rochester Club by the board of managers. An inspection of the Eastman Dental Dispensary also was made.

Dr. Lawrason Brown, Saranac Lake, N. Y., is president of the association, Dr. A. T. Laird, Nopeming, Minn., vicepresident, and Dr. Edward S. McSweeney, 132 E. 36th street, New York, secretary-treasurer.

Opens Asthma Clinic

New York Hospital, of which Dr. Thomas H. Howell is superintendent, announces the opening of a clinic for the treatment of asthma, hay fever and food poisonings.

Dr. Jones New President

Lawrence Man Honored by Kansas Hospital Association; Miss Kinegar Secretary-Treasurer

Dr. G. W. Jones was chosen president of the Kansas Hospital Association at its annual meeting at Topeka, and Miss Kinegar, superintendent of Christ's Hospital, Topeka, was named secretary-treasurer. About 60 visitors were in attendance and the day's discussion of hospital problems was highly beneficial.

The meeting was called to order at 10 a.m. and the first speaker was Dr. George M. Gray, whose topic was "Hospital Standardization." Dr. J. T. Axtell, president Axtell Hospital Association, Newton, spoke on "Some Hospital Problems." This interesting paper is published elsewhere.

Following luncheon given by the hospitals of Topeka, Miss Ethylen Ferguson, Topeka, and Dr. L. O. Sutter, Wichita, read papers on nursing, in which practically every phase of this field was covered.

At the conclusion of each session there was a round table discussion of points brought out by the speakers.

The next meeting of the association will be held at Newton, October 20, 1921.

Manitoba Association Formed

At a conference called in November in conjunction with the annual convention of the Manitoba Medical Association, The Manitoba Hospital Association was organized, embracing some thirty hospitals of the province. The Manitoba Association will be patterned after the Alberta Association and other western provincial bodies. Dr. George F. Stephens, superintendent Winnipeg General Hospital, was elected first president of the Manitoba Association, and Miss Martin, superintendent of nurses, Winnipeg Municipal Hospitals, was named secretary.

Utah Association to Meet

The Utah Hospital Association, which was organized last April, will hold its second meeting at Salt Lake City December 17. Officers of the association include W. W. Rawson, superintendent Dee Memorial Hospital, Ogden, president; Mrs. N. F. Crossland, superintendent St. Mark's Hospital, Salt Lake City, first vice president; Dr. Fred Taylor, Provo General Hospital, Provo, second vice president; Dr. E. F. Root, Holy Cross Hospital, Salt Lake City, secretary; Sister M. Beniti, superintendent Holy Cross Hospital, Salt Lake City, treasurer.

Course in Anesthesia

Dr. Walter E. List, superintendent of the Minneapolis General Hospital, announces a course of practical instruction in nitrous oxid-oxygen-ether anesthesia for major surgery, tonsils and adenoids, oral surgery, dental surgery and obstetrics. Students wishing to limit their course to anesthesia for any one or more of the above operations may do so. Students are given opportunity to administer anesthetics under supervision and before completing the term of instruction are required to prove their proficiency by actual demonstration.

"Potato Day" for Hospital

The Bellaire, Ohio, City Hospital recently had a "potato day," on which each pupil in the public schools was asked to bring one potato for the institution. Thirty bushels were obtained.

Personal Touch Big Factor in Drive

Chicago Policlinic's Success in Raising \$500,000 Attributed Largely to Special Appeal; Bulk of Donations by Mail

Adopting as a slogan one of the famous utterances of Theodore Roosevelt, that "A man's value to a community is measured by the good he does in that community," the Chicago Policlinic Hospital recently put on a two weeks' drive that netted approximately a half million dollars in contributions toward a fund with which to build a new building. The Policlinic is a widely known non-sectarian community health centre, and being located in a densely populated section of Chicago, where the poorer families congregate in crowded quarters, it has been able to perform a philanthropic service of incalculable benefit to the city.

Long ago, however, it outgrew its present quarters at 221 West Chicago avenue, and for the thirty weeks preceding November 8 strenuous preliminary work was done on a campaign to raise \$1,000,000 in public contributions for building a plant which would allow the hospital to perform the full measure of service demanded of it. As already stated, the campaign, which closed November 20, resulted in the securing of only about one-half of the actual amount wanted, but considering the fact that the drive was put on at a time when the shoe of economic depression had just begun to pinch the hardest, and the further fact that the Policline drive came almost at the same time that the Salvation Army was making a stupendous effort to raise an immense sustaining fund, the promoters of the plan to get a handsome new building for the hospital are far from disappointed at the way things turned out. Incidentally, though the campaign officially has come to an end, in reality its effects are still being felt, as is evidenced by the almost daily receipt of contributions directly traceable to efforts put forth in the "drive."

In planning the drive the promoters took into consideration first of all the fact that, as the Policlinic represents, in a manner of speaking, the civic interests of every Chicagoan, its appeal for funds should not only be made to the individual in as "personal" a manner as could be devised, but this appeal should be directed at, and by rights should have, a response from every class of individuals.

PERSONAL ELEMENT EMPHASIZED

Accordingly, from the very beginning of the campaign the personal element was brought into play as strongly as possible, and the tactics used in securing contributions were modeled to a certain extent after those used in getting subscriptions to the various Liberty Loan campaigns. In fact, a well known and successful Liberty Loan campaign directing head, Darby A. Day, was enlisted to act as general chairman of the campaign committee, and Oscar G. Foreman, a prominent banker, was selected as treasurer of the fund.

Headquarters were opened immediately preceding the intensive drive at the Hotel La Salle, so as to have a convenient downtown get-together location for the campaigners, and Mrs. Mary F. Kern, a paid executive who has had long experience in directing similar fund-raising drives, took charge of the workers. These, of course, were all volunteers, with the exception of some eight or ten stenographers and assistants to Mrs. Kern who did the actual work of typing and sending out letters and other publicity, filing the names of contributors and doing other office work.

In order to put the "personal flavor" into the campaign and make its appeal as broad as possible the Policlinic or Faculty Division of the Hospital first of all was organized into directing units consisting of a colonel, a lieutenant and major to each unit from the department of surgery, stomach and internal medicine dermatology, etc. These doctors selected as their captains, lieutenants, and "privates," either patients or personal friends who in turn pledged their personal time and efforts to see the campaign through to a successful finish. And the teams thus formed, each consisting of from 80 to 100 members, at once got busy reporting friends and acquaintances from whom contributions ought to be secured, to the central headquarters. Of course, a cross index system was maintained to see that no individual was solicited twice. Having seen to this, each prospective contributor was solicited in the following way:

He received a personal letter, telling of the purposes of the drive and why the help of every citizen should be secured, and enclosed with this letter was a pledge card upon one side of which the recipient was to enter the amount of his subscription. Here is where the "personal" part of the solicitation came in. On the reverse side of the pledge card was entered the signature of the worker who had reported this name to the committe, and in every case this worker was known personally to the party who received the letter and card. For instance, when a contribution was sought from Mrs. Jones-Rice the pledge card sent her bore the signature of her physician, Dr. Graham, and in this way it got her personal attention, whereas if it had been sent to her with the signature of someone entirely unknown to her, the card in many instances would have been put aside temporarily or ignored entirely. During the entire campaign not a single pledge card was sent out unless some worker had requested it to be sent, and was willing to sign his or her name to the card to get the personal contact which it was correctly calculated would more quickly induce the person solicited to subscribe to the fund.

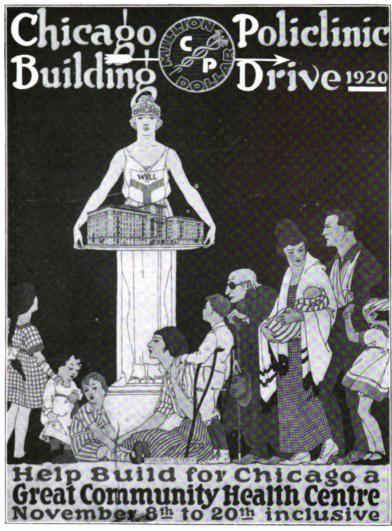
BULK OF SUBSCRIPTIONS THROUGH MAIL

It possibly should have been mentioned before that one of the striking features of this campaign was that by far the largest number of subscriptions were received through the mails. Of course some personal solicitations were made, and the workers were allowed comparative freedom in this respect, but the bulk of the contributions came in response to letters and pledge cards sent out in the manner already described.

The pledge cards were of a convenient size, five by three and one-half inches, and were so worded that the recipient was solicited for either an all-cash or a time-payment subscription. It was requested that subscriptions of \$10 or less be paid in cash. Amounts over this figure were to be paid ten per cent down and the balance in three equal installments due February 1, May 1 and August 1 of next year. In the case of all time payment contributions the contribution card was filed away to be used as a collection-memorandum and for entering up the various payments in blanks provided for the purpose on the cards.

Besides the type of solicitation explained, the business men of the city were organized in pretty much the same manner that they were organized for securing Liberty Loan subscriptions. A prominent lawyer was enlisted to head the Lawyers' Division, a manufacturer for the Manufacturers' Division, and so on. Each of these workers signed the letters sent out to all of the "prospects of the liberty workers is signed to the of the sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the "prospects of the liberty workers is sent out to all of the workers workers is sent out to all of the workers where we workers is sent out to all of the "prospects of the liberty workers is sent out to all of the workers where we workers is sent out to all of the workers where we workers is sent out to all of the workers where we workers were the workers where we workers were the workers where we workers were we workers and we workers where we workers were well as the worker

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TYPE OF POSTER USED FOR CHICAGO POLICLINIC BUILDING DRIVE

course, appointed assistants to help him round up potential contributors and to put their names on the pledge cards so that the appeal would be made in a personal way. An interesting point, in connection with the pledge cards was that each bore in fair-sized type the line, "Pay with Liberty Bonds," thus encouraging anyone having a few of these Government certificates left over to "unload at par value" for a worthy charity.

It might be added, that there was no doubt by the methods used it was often the case that a man was solicited at his place of business and his wife at her home, just as was the case during the Liberty Loan campaigns, but this was just what the committees wanted—the full support of every member of a family if possible, again fashioning their plea after that of Uncle Samuel. As a result of these intensive tactics even the support of children was secured, and more than one dime bank was looted to help some less fortunate child, who didn't know what a dime bank looked like, to regain its eyesight or the use of a limb. In one instance at least a contribution of three dollars, in dimes neatly "slotted" on a cardboard "bank," was received from a schoolboy who had heard his mother speak of the hospital and was anxious to "do his bit" even if it necessitated taking his long-time savings.

MASS MEETING AT START

Naturally to get "the ball rolling" it was necessary to do a great amount of preliminary organizing and also to attract public notice in a spectacular way. For this reason,

the campaign was officially opened with a mass meeting in the ball-room of the LaSalle Hotel the evening of November 7, at which General Leonard Wood, Harriet Vittum of the Northwestern Social Settlement and other well known people spoke of the worthiness of the cause and fired the workers present with the sort of enthusiasm necessary to send the campaign over the top. In addition daily luncheons were held during the campaign at the headquarters in the LaSalle, at which time various workers made short addresses to encourage their fellows and reported new prospects for solicitation, and the result of personal calls they had made during the morning and afternoon of the day before.

One of the very first things done, very naturally, was to secure the co-operation of the press. This was done also by the "personality" route. In Chicago or any other city of any size the newspaper editor is usually so hard up for space, especially in these days of so many "unloading stock" ads, that he is very apt to use his reportorial staff getting "essential" news, with the result that he has very little space to give to a mere drive for a hospital fund. To offset this entirely human tendency on the part of "ye ed," newspaper owners were enlisted as active workers, if their wives or daughters had not already been enlisted, and these folks saw to it that the campaign for such a worthy undertaking secured a plentiful amount of newspaper publicity.

Of course, there was some "paid advertising" done also, through the use of folders in two colors, showing the present hospital quarters, the proposed new hospital and ex-

plaining in detail just what the hospital has been doing and wants to do in the future for the good of Chicago. Then there were attractive colored posters, of about the same size as those used by the Red Cross and Liberty Loan committees, prepared for hanging up in store windows, pasting on the sides of buildings belonging to people glad to aid by the contribution of free posting space, and showing in other places where they would get their message over advantageously.

In speaking of the results of the campaign J. C. Slack, superintendent of the Chicago Policlinic Hospital said that while it was of course somewhat of a disappointment that the full amount needed could not be raised at once, some contributions were still coming in and that when times improved a bit there was no doubt that another intensive drive of some sort would bring in the remaining amount of money needed to see the project through.

"Of course, we might have advertised the campaign to last longer than two weeks and obtained a little more money right now, in that way," Mr. Slack said, "but the experience of the Salvation Army, the Liberty Loan leaders and other 'campaigners' has been that a drive such as that we instituted must be short and snappy, and must close at the time set. If it is extended more than two weeks, the public becomes tired of it, the workers lose a lot of their enthusiasm, and there is a general let-down that does more harm, in a case where the full amount is not yet realized and you wish to make another try of some sort later, than if the campaign had been closed when it was advertised to close. For this reason we ceased our intensive effort on the 20th of November, before enthusiasm and interest in our plans had died down, and we are extremely hopeful that later on we can 'come back' and raise the money we are yet lacking."

One of the folders used in the drive thus describes the service and needs of Policlinic:

The Chicago Policlinic was organized in 1886 by a dozen of the leading physicians of the North Side. It began its work in a modest way in a rented two-story building on the corner of Chicago avenue and LaSalle avenue. The demand on the resources of the Policlinic were so great that in a year larger quarters were needed and the present building was purchased. Under these inadequate conditions the Policlinic has treated 1,000,000 patients and its physicians have given \$5,000,000 in services to the needy sick in the City of Chicago.

Restricted in quarters, lacking equipment, apparatus and funds, the Policlinic treats from 25,000 to 30,000 patients annually. It maintains clinics in the departments of internal medicine, surgery, genito-urinary surgery, dermatology, obstetrics and gynecology, neurology and psychiatry, ophthalmology, otology, rhinology, laryngology, clinical pathology, radiography, pediatrics and orthopedics; conducts a postgraduate school, co-operates with the school doctors, maintains a dispensary or out-patient department, the largest eye and ear clinics in Chicago, and out-obstetrical department, a hospital and a training school for nurses. However, the entire institution has outgrown its resources. Its present building is not only inadequate, but it will soon have to be abandoned as a dispensary and hospital. If the work which this institution has been doing in the last thirty years is to be continued, a new building must be secured. Thousands are turned away that should be treated. Hundreds of doctors are unable to use the clinics and laboratories through lack of space and appliances.

The purpose of the Chicago Policlinic is to form a large non-sectarian community health centre, on a broad, comprehensive plan in which will be combined all of the forces that co-operate to improve and maintain the health of the

community, to care for the sick and to educate the public and the medical profession on health subjects.

The new buildings located at Oak and La Salle streets will be absolutely fireproof and every modern device for cleanliness and the elimination of noise will be provided. Accommodations will be made for two hundred and seventy-five beds. There will be no wards larger than four beds and a large number of private rooms. Every facility for the treatment of disease will be available, including the various external uses of water, electricity and the X-ray. Solariums on every floor and three roof gardens will insure that the patient will have ample recreative and open-air treatment and space. The institution will comprise five general departments:

- r. An Out Department, or Dispensary.
- 2. A Hospital.
- 3. An Educational Department.
- 4. A Training School for Nurses.
- 5. A Social Service Department.

THE OUT DEPARTMENT

The Out Department, or Dispensary, will be located on the corner of North Clark and Oak streets. This portion of the building will contain well-equipped clinic rooms for the handling of all kinds of ambulatory patients. The clinics will be open daily, and all branches of medicine will be represented—general medicine, surgery, diseases of women, diseases of the nervous system, children's diseases, skin diseases, genito-urinary diseases, orthopedics, eye, ear, nose and throat diseases, dentistry, etc. There will also be an outmaternity department, and women who are unable to come to the hospital will be cared for at their homes. There will be well-equipped X-ray, chemical, microscopical and pathological laboratories, so that all work necessary to the most complete diagnosis, and the most technical treatment, can be carried out in the institution. These clinics will make it possible for the sick to obtain the best service that medical science can provide, both in the way of diagnosis and of treatment. Each branch of medicine will be represented by men of the highest scientific attainments, who, being associated together, will be able to give the patients that collective, or group, teamwork which is often so essential to success in many obscure cases. In order to reach a complete diagnosis in some cases, it is frequently necessary to have the services of several specialists and to have available well-equipped laboratories, all of which will be obtainable in the new Policlinic Health Centre. There will also be a department of hydro-therapy, well equipped with electrical appliances and mechanical apparatus for the reconstruction and re-education of those suffering from injuries, the result of industrial accidents. This is a most important feature, as there is altogether too much economic loss today, both to the employer and to the employe, from disabling injuries. Properly directed reconstructive and reeducational work would probably save much of this unnecessary loss.

THE HOSPITAL

The hospital will embrace facilities for the care of all classes of disease, with the exception of the contagious diseases. Later it is hoped that a pavilion for contagious diseases may be added. In the medical department special rooms will be provided for carrying on metabolic tests, and all modern appliances, such as the electro-cardiograph for diagnostic purposes, will be available. There will be ample operating rooms for general and special surgery, and eye, ear, nose and throat work.

Last year 25,000 women died in childbirth, most of them dying from lack of care and attention. Realizing the great and urgent need for better accommodations for mothers

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and babies, the Chicago Policlinic plans to build the best obstetrical department in the city of Chicago where every modern convenience for the mother and baby will be provided.

Every detail will be complete as to ventilation, well-equipped delivery and operating rooms, isolation from the general hospital and isolation among the patients themselves. A feature of this department is to be numerous small single rooms, where the expectant mother will be kept under the constant supervision of a competent obstetrician, thus enabling her to bring into the world, as nearly as possible, a healthy child. It will enable the expectant mothers to have the maximum care at a minimum expense. Attractive light, airy nurseries will care for the infants and solariums will be provided for the expectant and convalescent mother.

The Children's Department will be a special feature of this hospital. Never was there a time in the history of the world when there is so much need for child welfare work and this department in the new hospital will do more than its share in this world-wide movement.

This will be the only hospital in Chicago where the child from twelve to seventeen can be separated from the adult. There will be large play rooms under glass, admitting plenty of sunlight and fresh air and equipped with apparatus for games and exercise to hasten the recovery of the little folk. The children's rooms and roof gardens will be separated in such a way that no noise will be carried to adult departments. Every effort will be made in this department to carry on the nation's great scheme of reconstruction to the many maimed and helpless kiddies.

EDUCATIONAL DEPARTMENT

The Educational Department, of which there are two sub-divisions, the scientific and the popular, is one of the most important features of the institution. Scientific lectures on the recent advancements in medical knowledge will be given to physicians by specialists in their respective branches, and physicians will be able to familiarize themselves with the practical application of the latest methods in diagnosis and treatment in the daily clinics in the dispensary and the operating rooms of the hospital. In the laboratories, chemical, pathological and experimental, physicians may continue or renew their studies and may do original research work. The institution thus provides an opportunity for physicians to keep posted on medical progress and to fit themselves to render better services to their patients.

The popular educational division is for the benefit of the people directly. It will teach the people by popular lectures, demonstrations, etc., how to live and be well. It will teach mothers how to bear healthy children and how to raise them to be healthy men and women, and will enlighten the public on all matters which relate to personal and public health.

TRAINING SCHOOLS FOR NURSES

The training school for nurses will train young women in the nursing care of the sick; comprehensive courses in both practical and theoretical nursing will be given in all classes of cases, so as thoroughly to fit young women for the highest and best type of nursing. Special courses will be given to those desiring to take up special lines of work, such as public health work, social service, etc., also special laboratory training, X-ray work and anesthesia.

SOCIAL SERVICE DEPARTMENT

In the social service department we hope to have combined and centered in this building all of the charities devoted to health work, such as Infant's Welfare, Social Service, Visiting Nurses, Tuberculosis Institute, etc., and later when suitable provisions can be made, a day nursery where

mothers who are obliged to go out to work may bring and leave their children in healthful surroundings and in the care of competent persons.

VOCATIONAL WORK

As a part of its work for community betterment, it is the intention to establish in the clinic a department for the care of and the physical reconstruction of those who are injured in the industries and most of whom come under the Workmen's Compensation Act.

Many of these cases remain more or less permanently disabled by reason of the fact that there is no institution at the present time properly equipped for handling the late results of these injuries. These cases become a direct charge on the industries and indirectly on the community, but many of them can be made independent and self-supporting by proper treatment and re-education vocationally.

This department will be equipped with the necessary appliances and apparatus for the proper handling of such cases, which will result not only in great benefit to the individuals, but also in a great financial saving to the industries and to the community.

RESEARCH AND CLINICAL DEPARTMENT

Its graduate school offers opportunity to the medical profession which has resulted in benefit to many thousands of patients. It enables the doctor to keep in touch with the developments in his profession. Its Research Laboratory furnishes an opportunity for doing original experiments and many new discoveries have been made therein. Such men as Senn, Fenger, Parks, Ingalls, Henrotin, Herzog and many others have availed themselves of this opportunity.

In its Operative Laboratory operations have been evolved which are now practiced all over the world.

In the new Policlinic there will be ample and unlimited opportunity for research and clinical work for physicians who are graduates of reputable medical schools. Large lecture halls, operating amphitheatres, special laboratories for all purposes of medical research will be provided. In fact, it is planned to make this the greatest medical school in the Middle West.

Thanksgiving Program

Waterbury, Conn., Hospital Has Attractive Menu and Entertainment; Governor Speaks

Among the hospitals that observed Thanksgiving day in a special way was Waterbury, Conn., Hospital, whose officers prepared an attractive menu and program and distributed handsomely printed notices of the event, which was featured by a talk by Governor Holcomb.

The affair was listed as "Thanksgiving Day at Waterbury Hospital," and the program was as follows:

Grace offered by Rev. Walter Winans.

Dinner-menu:

Grape Fruit Cocktail
Turkey
Cranberry Sauce

Mashed Potatoes with Brown Gravy Onions

Turnips

Jelly and Mince Pie Celery

Squash and Mince Pies

Coffee Cheese Nuts and Fruit

Thanksgiving proclamation and a personal expression from Governor Holcomb—to the patients, nurses and helpers of Waterbury Hospital.

Greetings—by Rev. Francis H. Hinchey and Dr. John N. Lewis.

Musical Selections—by Mrs. D. C. Kinnear and Mr. Alfred E. Gillett. Miss Grace Roberts, accompanist.

Furnishes Room for Every Patient

King's Daughters' Hospital, Temple, Tex., Discarded Wards Eight Years Ago; Maintains Accurate Record System

By George S. McReynolds, M. D., Chairman of Staff, King's Daughters' Hospital, Temple, Texas

The King's Daughters' Hospital Association, Temple, Tex., secured from the state in 1898 a charter for a hospital, complying with the state constitutional definition of a charitable institution, and the citizens of the community contributed about \$5,000 at that time and purchased a two story ten room frame building.

After many trials and tribulations the present administration took hold of that frame building in 1904, without equipment, superintendent or nurses, but with a debt from our predecessors. The present staff was without means, without organization, without business experience, and almost no experience in hospital administration, the principal asset being a good supply of nerve and determination. Since that time there have been four additions to the hospital, the last two being four story fire proof buildings, 38x90 feet and 38x76 feet and all fully equipped with modern hospital and laboratory equipment and representing a conservative value of \$200,000 above indebtedness. Each of the additions had to be built on borrowed money secured by personal endorsement of the staff and subsequently paid out of the earnings of the hospital.

During this time we have lived up to the provision of our charter and have taken all charity that was offered that we could benefit, but have declined to take highly contagious and incurable diseases.

The only help from the outside has been one "tag day," netting about \$1,000. However, during the sixteen years members of the staff have contributed several thousand dollars in money or equipment needed from time to time.

KITCHEN ON TOP FLOOR

I merely mention this to show what can be accomplished in a community of 10,000 or 12,000 population, with rather acute competition in the immediate community, as well as in the larger cities not very far distant. The last three additions have been made in such a manner as to throw them together whereby service could be rendered with least amount of lost motion. In addition to space taken up for administration purposes, operating and examining rooms and laboratories, we have 80 rooms for private patients and no part of the building is as much as 100 feet from the elevator and dumb waiters from which all food and supplies are distributed. It is to be noted that all services are on the top floor, such as kitchen, nurses' and help's dining room, diet kitchen, operating room and laboratories, while the offices of the superintendent and bookkeeper and reception rooms are on the second floor.

We find it a very distinct advantage to have the kitchen on the top floor as there is very little chance for food odors in the building, also less likelihood of the help carrying off food. The cystoscopic, X-ray and pathological laboratories are connected with the operating room, which greatly facilitates service.

Our rooms for patients, generally 13x14, are all equipped with modern hospital furniture and twelve are equipped with private bath, and I may state here that there is a distinct demand for such accommodations. In addition to these each floor is equipped with bath and toilet for general

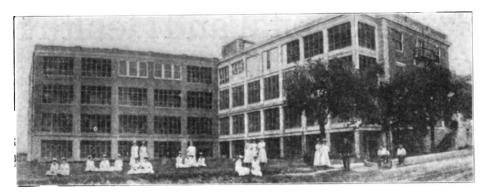
use, and each section of eleven rooms has duty rooms with flushing sinks. All are arranged so as to require the least amount of effort on the part of nurses to give the greatest amount of service. These various arrangements have enabled us to handle our patients with smaller nursing force than would have been possible otherwise, and with greater efficiency.

Now as to the administration: this, like our buildings, had to be changed to suit the increased volume of business. In the beginning our by-laws provided that all bills be paid by a member of the board of trustees and in fact almost all details were handled by them, but as the volume of business increased these became so numerous it became burdensome to a busy man to take care of, and as volume increased it became more important that all these matters be handled by some one versed in hospital administration who could give thought and time to buying, and hiring the employes, etc., and so a few years ago the by-laws were entirely re-written and adopted by the Hospital Association. Now all these matters are placed in the hands of the superintendent and such assistants she deems necessary. Of course, concerning the general policy of the hospital she consults frequently and freely with members of the staff. The superintendent's authority is very great and is final unless someone appeals to the chairman of the staff, and if still not satisfied, to the board of trustees, whose decision is final. So the board of trustees acts as a court of last resort, but I may say that it has been called on to act in that capacity only once in ten years. The board of trustees has the sole right to contract debt where a legal, recorded lien on the property is involved. It also elects additions to the staff on recommendation of the staff.

STANDARDIZATION BEGUN YEARS AGO

I hope the reader will not get the impression that our administration is without its trials and tribulations. Such is not the case, as we have had many sleepless nights and many matters to straighten out from time to time, but we feel that our plan of having everything center in one office is by far the best for us. We have another hard and fast rule, that the hospital bills shall be paid before the doctors collect their fees. This has been essential for the financial success of the hospital and for the sixteen years the present administration has been in control we know of no instance of any member of staff evading this rule.

Regarding hospital standardization, we always felt keenly the responsibility resting on us in the care of our patients and our first efforts at standardization started some years before the expression came into general use. When it was shown that laboratory findings of blood, urine and secretions had a very definite bearing on the surgical outlook for a patient we established a laboratory at the hospital under the direction of a man doing this work exclusively. Our financial condition was such that we could not pay a mar of this type for full time, but in order to have him on hand all day for such work as might come up, the hospital furnished him free space for his laboratory, with heat, light and janitor service. He was to furnish the hospital laboratory and receive compensation by fees or by salary accordance.



KING'S DAUGHTERS' HOSPITAL, TEMPLE, TEXAS.

ing to the arrangement he might make with surgeons in the hospital. In addition to this he does all the outside laboratory work he can get. This has proven a very satisfactory arrangement for the hospital and I think a very good one for the director of the laboratory.

When the X-ray became indispensable for general diagnosis we had that installed and put in charge of a man doing the work exclusively, with arrangements somewhat similar to the pathological laboratory.

We feel that having these laboratories under the same roof as the hospital, with directors constantly in charge, is a distinct advantage over the custom of a great many places with directors a mile or five miles away from the hospital, who come only when called or who do the work in offices up town.

SYSTEM OF RECORD KEEPING

In 1914 we started keeping systematized records of our cases. Of course, at first these and their method of filing left much room for improvement, but we have kept plugging away until now we have a fairly accurate record of all our patients, filed in a manner that can be easily looked up. Also our work is tabulated both as to disease and anatomically, according to hospital number, so any class of work can be very quickly looked up.

In 1916 we began our system of follow up letters written one year after patient left, and these replies are filed or recorded with other papers of the case, and I might state that each year shows an increase in the number of replies we get to these letters and now we are getting returns from 80 to 90 per cent.

Our custom is that all patients of any importance are given blood, urine, and X-ray examination before any operation and, where permissable, patients are kept in the hospital before an operation long enough to eliminate as many errors of diagnosis as possible. I might state here that these delays have at times redounded to the patients' benefit no little.

Our efforts at standardization have been to give our patients the best that was in us and what they were entitled to and they preceded rather than followed the demand of certain medical organizations, and the public generally. We feel that minimum requirements of standard hospitals are not burdensome, but a distinct advantage and we hope for ours not to be a minimum, but more than a minimum.

I believe every patient will do better in a room to himself than in a ward, even though it be a small ward. Feeling this way, we abandoned the wards about eight years ago and since that time every patient has a room to himself, be he pay or charity, and as far as I know the King's Daughters' Hospital, Temple, Texas, is the only hospital in the world that regularly gives a private room to a charity patient. Another point that I wish to stress is that any hospital that is in any way dependent upon its patients for its support should not have any such thing as collective bargaining, as service rendered has to be individual, if at all conducive to the welfare of the patient. There is no reason why a lodge, church, corporation or municipality should get hospital service any cheaper than anybody else, when the service must be the same, as a matter of humanity. I think it a distinct disadvantage to any hospital receiving a donation from any source, unless it be worth while, as there is a very great probability of the donor obtaining from the hospital more than the valuation of the donation by urging it to take as free patients many that should not be received as such, or patients that nothing can be done for, and crowding out patients that could be helped.

Now a final word about selecting employes. Let there be but one guide, efficiency, and do not load yourself up with somebody's relatives or someone whom you may think will bring in some patronage. You may rest assured their inefficiency will in time run off more business than they will bring.

We do not wish to give the impression that we are the only persons that know how to run a hospital, but rather have endeavored to give some of our experiences with the hope that it may be of some help and encouragement to some other smaller community. Do not, however, feel for one moment that hospital administration is easy; on the contrary I can assure you that it will take many years to develop.

T. B. Training for Nurses

A resolution urging that hospital training schools give more attention to training nurses in the care of tuberculosis patients was among those adopted at the 1920 convention of the Mississippi Valley Conference on Tuberculosis, according to copies of the resolutions recently made public.

The text of the resolution follows:

"Resolved that the Mississippi Valley Conference on tuberculosis hereby urge all accredited training schools for nurses to provide, if possible, for all student nurses to spend a number of weeks of their training course in a well conducted tuberculosis sanatorium, or, if that be for any reason impracticable, that a special course in tuberculosis be given all student nurses.

"Be it further resolved that we call attention to all young women who wish to render special service to mankind that the nursing profession offers unparalleled opportunity to those who wish to relieve the suffering, comfort the afflicted and through tactful leadership to improve the health and to increase the happiness of entire communities."

Cleveland Hospital and Health Survey

Many Recommendations Affecting Hospitals Made in Report of First Activity of Its Kind in the United States

The first complete health and hospital survey of a city to be made in this country has been completed in Cleveland under the auspices of the Cleveland Hospital Council, of which Howell Wright is secretary. The survey was conducted under the supervision of Dr. Haven Emerson and covers every field of community health, showing the strength and weakness of present conditions, and pointing out definite recommendations for making Cleveland the leading city of the United States in the care and protection of the health of her citizens. A summary of the survey reports contains much of interest to hospital executives since the survey touched on the work of hospitals on every side.

The complete reports include the following eleven volumes, compiled by the members of the survey staff:

- Vol. I. Introduction. General Environment. Sanitation
 —Haven Emerson, M. D.
- Vol. II. Public Health Service—Haven Emerson, M. D. Private Health Agencies—Louis I. Dublin, M. D.
- Vol. III. A Program for Child Health—S. Josephine Baker, M. D.
- Vol. IV. Tuberculosis-Donald B. Armstrong, M. D.
- Vol. V. Venereal Disease—William F. Snow, M. D.; Alec Thomson, M. D.
- Vol. VI. Mental Diseases and Mental Deficiency—Thomas W. Salmon, M. D.; Jesse M. W. Scott, M. D.
- Vol. VII. Industrial Medical Service—Wade Wright, M. D.
 Women and Industry—Mrs. Marie Wright.
 - Women and Industry—Mrs. Marie Wright. Children and Industry—Miss Florence V. Ball.
- Vol. VIII. Education and Practice in Medicine, Dentistry, Pharmacy—Haven Emerson, M. D.
- Vol. IX. Nursing-Miss Josephine Goldmark, A. M.
- Vol. X. Hospitals and Dispensaries—Michael M. Davis, Jr., Ph. D.; W. L. Babcock, M. D.
- Vol. XI. Method of Survey—Haven Emerson, M. D. Bibliography of Surveys—Gertrude E. Sturges, M. D.

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BOARDS ARE BEST

Among the recommendations made affecting hospital administration are:

Boards are best systems for conducting a hospital and should include representatives of all elements, doctors, nurses, business men.

Complete accounting and book-keeping systems should be used by every hospital.

Superintendent should have sufficient authority.

The summary, which makes numerous other suggestions regarding Cleveland hospitals, criticizes various phases of hospital service, but the same criticism is directed against practically every feature investigated, as it was the purpose of the survey to arouse the citizens to the needs and short-comings of the city's hospital and health services.

The preface of the summary says that sickness and deaths from communicable diseases cost Cleveland last year \$25,-000,000.

"Two per cent of her citizens are sick all the time from causes, half of which are preventable," it continues. "This does not mean that Cleveland is worse than other cities in the matter of public health, but it would indicate that it is no better. One would expect that a city that has impressed the entire United States with its community spirit, would lead in all movements of civic health betterment. It is sur-

prising to find that only in rare instances is this the case."

The summary, it is explained, is the result of the work of a large staff of competent men and women, experts in their various fields, under the direction of the Survey Committee, appointed for the purpose by the Cleveland Hospital Council. A number of investigations were made and records compiled, in order that some definite recommendations for a practical working program might be evolved, and that this study of the Cleveland situation might stimulate similar studies elsewhere.

"If the investigators have seemed unduly pessimistic at times and have laid more stress upon the glaring needs and shortcomings rather than upon what has been done, it is only to arouse the citizens of Cleveland to active interest in making their city foremost in improving its community health," the preface adds.

CLEVELAND BELOW OTHER CITIES

The summary of the report on hospitals asserts that Cleveland hospitals care for 10 per cent of the 20,000 people who are ill at any one time. Hospitals furnish facilities unavailable otherwise, and through them doctors can render better service to a larger group than in any other way.

"Cleveland falls far below other large cities, however," the summary says, "in the number of hospital beds for its population. On the basis of five beds for each thousand of population there should be 1,500 more. The use of the present beds, as well as the new ones, must be more widely varied. Now nearly half of them are devoted to surgical cases, only 115 to obstetrical cases, four to eye diseases, and none especially to ear, nose or throat troubles. The City Hospital, which has 100 beds for contagious diseases, should have 400.

"It has been found that the best system for conducting a hospital is through a board of trustees. This board should include representatives of all elements, not merely doctors and nurses, and not business men exclusively. They must select a superintendent who is in every way suited to the office and must then give him or her sufficient authority. The superintendent's lack of proper authority has been observed, as has, also, the fact that the nursing schools are being used as a means of obtaining cheap nursing labor. If this persists, the relation of such schools to the hospital must be as distinct as that of the medical schools at the present time.

"Every hospital should have a complete system of accounting and book-keeping, employing experts if necessary. There should be an investigator on the staff to ascertain the financial condition of patients. It would be possible for several hospitals to engage the same investigator.

"The purchasing department of the Hospital Council is a distinct and notable achievement, characteristic of Cleveland. Through co-operative buying the hospitals are able to take advantage of seasonable markets for canned goods and other provisions, and the purchasing of drugs and surgical supplies in large quantities naturally reduces the cost.

"The problem of getting patients to hospitals is one that has received almost no attention in Cleveland. There are three agencies through which ambulance service may be obtained: the police patrol, the private undertaking establishments, and the City Hospital, which possesses one ambulance. While the police patrols are prompt, they carry

no first aid kit, an inexcusable omission, and there is a natural aversion on the part of the citizens to riding in a police emergency ambulance. Nor do they relish being carried through the streets in the undertaker's 'dead wagon.' The City Hospital ambulance gives most unreliable service, even postponing a call two days. There is complaint, too, about the failure to fumigate the ambulance after use. Each large hospital needs its own ambulance, and the smaller ones could maintain such service by combining.

CONVALESCENT HOME NEEDED

"Eighty-seven and a half per cent of the patients who leave the hospitals go home to unfavorable surroundings. It is the duty of the hospital to give instruction for home convalescence and to make definite suggestions for use of the dispensary. A city as large as Cleveland should have institutional accommodations for 12,000 convalescents during a year. Such a home should be in the country. The building need not be new or expensive, and the cost, which is only half that of hospital care, could be borne by charging \$1.75 a day. At present the hospitals must take care of convalescents, as is proved by the fact that 12.5 per cent of the hospital cases observed have been in the institution over two months.

"Social service in hospitals and dispensaries of Cleveland has been only slightly developed. Those organizations that are in existence are too closely confined to hospital admission and dispensary records. It should not be the province of social service workers merely to be kind to the patients, that is the general duty of the hospital, nor should these workers have to spend their time admitting patients and learning their financial status, important as this work is. Their distinct duty is to be an adjunct to medical treatment, a link between the hospital and the home.

"Foreigners are prone to think of hospitals as 'places where you go to die.' It devolves upon the hospital to quiet their fears, not only to make them understand, but to render them understood. It is excellent practice to provide interpreters and foreign visitors who contribute valuable help.

"Cleveland's lack of appreciation of dispensary service is indicated by the fact that there are only 12 calls at dispensaries per 100 population here, while in New York, Boston and Chicago, there are 80, 50, and 40, respectively. Six hospitals conduct dispensaries and each of the seven health centers supports one.

"It is evident that the hospitals and dispensaries of Cleveland were planted, not planned. Each has grown without any relation to the other. The time has come when a community plan should be realized, so that the present neglect of care of children, and of eye, ear and nose diseases will be impossible.

"Too much cannot be said of the good work done by the Cleveland Hospital Council. Organization is only machinery, however, to make the road smoother. Ultimate success depends upon the individual soul, civic pride and spirit of cooperation, qualities which Cleveland has always manifested in a very large degree."

The report on nursing begins with the statement that not one of the thirteen training schools for nurses can be pointed to as a model institution, but that each has its special virtues.

FAULTS OF TRAINING SCHOOLS

"Even the City Hospital," it adds, "against which so much has had to be said, has excellent provisions for training in contagious diseases, and an especially well-arranged and equipped nurses' home. If the hospitals showed inclination to affiliate for education of nurses, each would have the benefit of the others' strong points.

"In most of the schools the teaching of the fundamental sciences is weak, because of the lack of good teachers who can devote their entire time to teaching. As things are, either their routine work or their teaching must suffer, and as the work must be done, the teaching is neglected.

"Another fault, common to practically all of the hospitals, is the over-emphasis of surgical training. When medical cases are crowded out, the training cannot be well-rounded.

"Cleveland has an excellent opportunity to take a leading place in the country in the training of nurses. The proposed University School of Nursing has so many advantages that its adoption seems only a question of time. Such a plan would attract to the profession a better class of students, who would be considered university students; the instruction, equipment and teaching force would be of higher quality; and the independence of the training school and of the hospital would be established. Cleveland should be anxious to make this important contribution. The Visiting Nurse Association has already seen the wisdom of uniting with Western Reserve University, and its admirably organized course has achieved a high measure of success.

"In her public health nursing Cleveland leads, thanks to the unique Central Committee on Public Nursing. No other city has ventured to adopt a generalized municipal system, that is, the scheme of dividing the city into small sections, each watched over by a nurse. When there has been failure in the plan, the blame may be laid to the inadequate number of nurses. They are so overloaded with work that they cannot be equal to their ideals. There should be 113 more than are at present employed.

"Cleveland school nursing, through the agency of the Central Nursing Committee, is of high standard. There is a fine spirit of application among the workers, but because of the usual lack of numbers in this department, there is little time to be given to home inspection."

Thirty-six plants in Cleveland provide industrial nursing, the report states. As it is a new field, the nurses are not yet certain of what should be expected of them. Some are merely dispensers, limiting their work to the first aid room, while others devote themselves exclusively to recreational work. An industrial nurse, in addition to these duties, must inform herself of factory conditions, common and special dangers, and must eternally teach the prevention of disease and the cultivation of hygienic habits. There is always the chance to observe individuals and to recommend beneficial changes in occupation.

Through a recent questionnaire the survey staff learned that untrained attendants can be used in making records and in home follow-up work, and there are many visiting cases where a "practical" nurse would do fully as well as the high-salaried graduate nurse.

Other excerpts from the summary include:

PROVISIONS FOR CRIPPLED CHILDREN

Provisions for crippled children are inadequate—lamentably so. Orthopedic surgeons are surprisingly few, the hospitals have little room for these cases and though six of them have dispensary service for cripples, the equipment is poor and the follow-up work erratic. The Association for Crippled and Disabled is a very valuable agency but has not yet assumed its fullest possibilities. Its work should be extended. The public schools care for less than a fourth of the crippled school children of school age, but these few receive special orthopedic treatment.

TUBERCULOSIS

The Warrensville Tuberculosis Sanitarium is in many respects a model institution in equipment and management. There are four or five doctors on the staff and 254 beds devoted largely, unfortunately, to advanced cases. Other institutional provisions for pulmonary cases are found in the Ohio State Sanatorium, which has 23 beds reserved for

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Cleveland patients; the City Hospital, a building that has little to recommend it in equipment or appearance, with 100 beds; the State Insane Hospital, where there are six bds for Cleveland; and the general hospitals which usually care for from ten to twelve cases. Non-pulmonary cases are treated in camps, in the Rainbow Hospital and the Home for Crippled Children.

Cleveland must have more nurses. There is only one for every six thousand inhabitants and there should be one for each three thousand. Then, too, there must be at least five hundred more beds in Warrensville, the City Hospital, and the general hospitals, devoted to the care of tuberculous patients. All these arrangements will lose their force, however, unless an active educational campaign is waged.

VENEREAL DISEASE

The facilities for the treatment of gonorrhea and syphilis are as good as in other cities. Help is given to the very poor as well as to those who are able to pay. There are three dispensaries. The Lakeside Hospital clinic is inadequate in facilities, owing to the poor building, crowded conditions and depressing surroundings. Those in charge, however, are competent, interested and anxious, and give as good treatment as possible under the difficulties with which they must contend.

Mt. Sinai Hospital has a well-arranged, clean, efficient clinic, managed in a kindly, human way. The follow-up system is particularly good.

St. Vincent's Hospital venereal clinic has grown so fast that the administrative machinery does not run smoothly.

The City Hospital, where those in need of hospital care are treated, has never been entirely satisfactory. The building is in such a wretched state that no work can be done well.

It is hoped that the other hospitals will soon outgrow their old fear of accepting venereal patients for treatment. It has been proted that no more danger to the other patients or to the staff results from them than from typhoid and pneumonia cases.

MENTAL HEALTH

Beyond doubt Cleveland has the poorest provisions for mental patients to be found in the United States. There is nowhere in the city a place for the proper observation of such patients nor for emergency treatment. The process of commitment to the only hospital where they are cared for is more a matter of law than of medicine. The judges themselves admit that injustice is often done because of archaic laws.

In no other department of the City Hospital is its inadequacy quite so apparent. There are evidences of modern
science in other wards, but the mental ward lacks any sign
of science or of humanitarian public interest. The building
was constructed for a poorhouse in 1851. Its gloomy, dilapidated little eight by nine rooms, which are often occupied
by two people, have no artificial light and are heated only
from the corridors. One bathtub serves for sixty patients.
The people are all herded together regardless of age, mood
or social standing. There are only two trained nurses, but
the one bright spot in the apparently hopeless situation is
the devotion and kindness of these nurses and of their
untrained assistants. Nothing so well represents the spirit
of Cleveland toward its insane poor as this wretched place.

Nor do the other hospitals of the city offer much provision for mental cases. Only four have any accommodations at all. The others contain no psychiatric service whatever. This condition expresses the present emphasis of medical science on physical ailments to the total disregard of mental needs. The medical school falls short of its obligation in this respect, but realizes its deficiency and plans a modern crinic in connection with Lakeside Hospital.

INDUSTRIAL MEDICAL SERVICE

In spite of the comparative novelty of industrial medical service, Cleveland is awake to its possibilities and there is no large concern in the city that has not made some provision for it. While, there are only seven factories that employ full-time physicians, over twenty have a part-time arrangement. There has been a dearth of doctors willing to give all their time to factory work, but since the value of such service is being more generally recognized, the remuneration is more adequate and a better class of doctors is being attracted to it.

Industrial nursing is still less standardized. The nurses are usually graduate registered nurses and they are doing much to encourage hygienic conditions both in the factories and the homes. The Industrial Nurses' Club is an excellent beginning toward the organizing of nurses engaged in this work. Such a club is necessary to maintain the ideals and standards of the profession. While there is a splendid opportunity for practical nurses to act as matrons and to do the visiting, there is always the danger of indiscriminate medication.

There is a deplorable scarcity of records in the factories. There should be a card catalog system and a careful record of expenditures should be kept. It was found that the annual cost of supplying medical service varies from \$5 to \$12 per employe. Too often employers have considered the matter of health, even the presence of tuberculosis and venereal disease, such a personal subject that it should not be interfered with. More and more this attitude is passing and the wise employer knows that it is to his advantage to get and keep his men in the best condition. Annual physical examinations are recommended and urged.

A need is felt in Cleveland for an industrial hospital or for certain reservations in other hospitals for emergencies, because often urgent cases must be taken to several hospitals before room can be found for them.

Dental work is maintained in a number of the industrial plants of the city and five firms employ oculists.

WOMEN IN INDUSTRY

The question of women in industry must be solved by the interest of the community. It is not a new thing to find women working in factories, in the metal, knitting, garment and candy industries, but the special attention to their welfare, physical and moral, is rather new. Laws protect women adequately, but there are many ways to evade them. Night work among women is to be discouraged and should be forbidden by law.

The status of women in the mercantile establishments in Cleveland is of the highest order. Health and hygiene are recognized as being of supreme importance and the business houses also extend service outside the regular hours by means of clubs. It is encouraging to note this aspect.

In the section on dentistry in Cleveland, the survey staff says that "it is surprising and deplorable that the hospitals of Cleveland have not yet learned to appreciate the necessity of having a dentist on their staffs. Very little provisions of any kind is made for dental work in the hospitals."

Hospital Raises Its Rates

The Titusville (Pa.) City Hospital on October 1 raised its rates from \$2 to \$3 a day for wards, from \$3 to \$4.50 for rooms, and from \$5 to \$5.50 and \$6.50 for special rooms. The cost of maintenance per patient has risen from \$4.22 to \$4.69 in a year. The institution gave 4,977 days of treatment, 40 per cent of which was free.

Daily Reports from all Departments

Axtell Hospital Executives Show Earnings and Other Information at Conclusion of Each Day's Work

By J. T. Axtell, M. D., President Axtell Hospital Association, Newton, Kan.

"Man, born of woman, is of few days and full of trouble" certainly fits the case of the average hospital superintendent. As a rule, hospitals are not organized for profit. Municipal and denominational hospitals obviously are not organized to make money and many of them have endowments to help pay their expenses. Most of them depend on taxes or contributions for part of their support. Hospitals built by private capital must compete with these and are seldom more than self-supporting.

Hospitals, however, are becoming more necessary every year, both for doctors and for patients. We cannot do without them and the only sensible thing for a hospital to do is to charge a reasonable fee and to collect it.

DAILY RATE In my opinion, a daily rate is in every way to be preferred to a weekly rate. The only reason we have weekly rates is that hospitals were started that way years ago and the plan has never been changed. It is almost impossible to get an accurate weekly and monthly earning report except by the daily rate. We have devised a combined daily and monthly report of the earnings of the hospital. A large sheet of paper is ruled to give the bed numbers in the first left-hand column, then there are thirty-one vertical columns for the day of the month, following across the page, and a "total" down the right-hand side of the sheet. Each bed number is ruled in a horizontal line making a square space under the day of the month and to the right and in line with the number of the bed. Each square may be divided, one side for the daily rate and one side for any extra charges. The superintendent then fills in each day the price charged for that room, or bed, as the case may be, in the square corresponding to the number of the room or bed, and the day of the month. By adding these charges in the vertical column, you will have each day the hospital earnings and at the end of the month the horizontal lines may be added and you will have the earnings of each room, or bed. Adding the totals each way will prove your work and give you the gross earnings of the hospital for the month. These reports may be made by the head nurse on each floor to the superintendent of nurses, who compiles them, or may be made out by the superintendent herself, and the reports are filed and comparisons made with other months and other

This is only a report sheet. When a patient enters the hospital, a ledger account is started by the bookkeeper, the room rate is stated and the items may be entered each day or counted daily, weekly or monthly, or when the patient leaves, as you prefer. If the bill is paid when the patient leaves the hospital, it is taken out of the loose-leaf ledger and put with "paid accounts." If not paid when the patient leaves the hospital, it is put in a ledger of "unpaid accounts," so that only active accounts are left in this ledger.

Many hospitals have a printed card on the inside of the door of the patient's room, stating the rate of that room and some rules of the hospital. This is a good place to give notice of any extra charges, such as using electric lights all night, etc. We have followed this plan with satisfaction.

From a paper read at the Kansas Hospital Association meeting, Topeka. October 21, 1920.

It is also very convenient to have a report from each hospital department made daily. This will show the patients admitted that day, the patients discharged that day, and these may be divided into surgical, medical, obstetrical, adults and children, male and female, also the operations performed for the day, the births and deaths, number of patients reported the previous day and number of patients in hospital today. There may also be a space for beds vacant, private rooms, semi-private and wards, and the total. If the hospital has a pharmacy department, a report may be made by the pharmacist each day showing the number of prescriptions filled and what was charged for same. The X-ray plates, number of screens, and the gross earnings. The laboratory will show the number of laboratory examinations department will show the number of patients, number of made and the gross earnings. The kitchen and laundry each make a daily report. The bookkeeper also makes a report of the payments made by patients, the number of patients in the hospital, and the nurses, on special and general duty, may also be stated. This takes but a very few minutes in each department, but gives the superintendent a very comprehensive idea of the work of the hospital.

Another great help is to have the night supervisor of nurses make a report toward morning of each day, as to the condition of each patient in the hospital and what kind of a night they had. This is given to the switchboard operator in the morning and saves an immense amount of work in answering questions that may come in over the telephone.

LABORATORY

Laboratories are becoming more and more necessary. As no busy doctor can have a competent laboratory of his own, it follows that groups of doctors, or hospitals, must establish these laboratories. It is not best that a busy doctor try to do laboratory work. It is much more satisfactory to hire a technician, and we have found educated women who have taken special courses in laboratory work very satisfactory.

A laboratory for use of five or ten doctors, or for a medium sized hospital, should be equipped to do the routine chemical and microscopic tests of urine, stomach contents. feces, sputum, and to examine smears of bacteria, including direct smears and cultures. It should also be equipped for blood counting, including red, white and differential counts. and for blood serum work, including the Wasserman test and competent fixation tests for tuberculosis and gonorrhea. In a hospital where even a small amount of surgery is done, the laboratory should be equipped for tissue work, paying special attention to cases of possible malignancy. A new and important feature in the laboratory of today is the preparation of autogenous vaccines, as it is quite probable that the autogenous vaccines are more effective than the original stock vaccines. After a laboratory of this kind has been established, it can gradually become more efficient by preparing to do more work along the lines of blood chemistry, etc.

To do as outlined above, a laboratory should be equipped with an electrically controlled incubator, about 18x26, an

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enclosed electric four-head centrifuge, an autoclave, a mircotome, paraffin embedding ovens, electrically controlled water baths for Wassermann and other complement fixation work, and a complete supply of chemical re-agents, test tubes, beakers and flasks of hard glass, microscopic stains, burettes, pipettes, etc.

EX-RAY DEPARTMENT

The X-ray department is subject to exactly the same conditions. In many cases the laboratory technician will be able to take charge of both departments, but certainly a busy doctor is not the best person to do the work unless it is sufficient that he can give his whole time to it.

The hospital problem is, shall the laboratory and X-ray technician be hired by the doctors, or by the hospital, or shall she work on a per cent? Personally, we have found it more satisfactory to hire a technician on a straight salary and we have to pay from \$150 to \$200 per month.

KITCHEN DEPARTMENT

The problems of the kitchen are always with us. There is nothing new. The cook is likely to leave any day, generally without notice. You simply wake up some morning and find you have no cook. If the cook does not leave without notice, there is at least a demand for higher wages. You pay it because you are always afraid the cook will leave. Almost the same thing may be said of the other help. Labor saving devices, especially kitchen appliances that may be run by motor, should be provided in every possible way. Among these I would especially note a vegetable parer and a dish sterilizer and washer.

Another problem is, who shall do the hospital buying? Shall it be the dietitian? If you have a good one, I should say she should be the buyer, but it is certainly a business in itself to know what and how to buy for a hospital, and requires considerable intelligence.

One of the greatest problems of the kichen is waste. This may be classified as kitchen waste and table waste. It has been found advisable to weigh the garbage, and it would be very profitable if the garbage cans were carefully inspected regularly. It has been found profitable to have separate cans for the waste which could be fed to animals and the non-edible garbage, such as lemon rinds, coffee grounds, egg shells, etc. Bones and fats which may yield grease should be put to themselves and saved. Tin cans and sweepings make another division.

We have found the cafeteria system reduces the garbage. Each nurse takes a tray and is supposed to take just what she wishes to eat. She can always go back for more, but is supposed to leave a clean tray.

Diet lists for patients, one for breakfast, one for dinner and one for supper, are printed and the patient is asked by the nurse what he will have that is on the list for that particular day. The slip is then taken with the tray, and we try to serve just what the patient will eat. Judgment and care on the part of the nurse is as important here as the diet slips.

THE TRAINING SCHOOL

Should the hospital have a training school, or would it be just as economical in the long run to hire graduate nurses? We have always had a training school and can only present that side of the question. With us it has been found necessary to have an average of one student nurse for each two to three patients in the hospital. Student nurses, except when on special duty, work eight hours a day, or fifty-six hours a week. This seems to us all that you can expect of a nurse with the amount of lessons and recitations that are necessary. The halls and rooms are cleaned by common labor, so that the nurses are relieved from as much of the drudgery as possible. Nurse aids may be provided further to relieve the nurses.

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FORM FOR MAKING DAILY REPORT

We have a three-year course and have not found that our nurses learn too much in three years. We have also not found that a training school offering a three-year course had any less pupil nurses than those training schools offering a two-year course. The only way that the supply of nurses can be increased is to make it more desirable for girls to enter the nursing profession. Shorter hours, more personal liberty and better pay in other lines of work is what draws our girls to other employment. If we are to secure them, we must offer the same advantages. So many more positions are open for women now that hospitals must certainly offer all possible inducements.

An attractive nurses' home adjoining the hospital is necessary. This should have a good classroom, with blackboard, charts, skeleton and manikins, and all appliances for teaching. There should be a parlor, with piano and Victrola, for the nurses, and plenty of bathrooms and lavatories or running water in the rooms. A place in the basement may also be provided for the nurses to do what little extra washing and ironing they may wish to do. A pleasant home and cheerful surroundings are absolutely necessary to get and hold pupil nurses.

Our course of study consists of ten hours of recitations and lectures by the staff physician and six hours of demonstration by the superintendent of nurses per week.

FIRE PREVENTION

Fire prevention is one of the serious problems for hospitals. The records of the National Board of Fire Under-

(Continued On Page 84)

Proper Ventilation Proves Economy

Faulty Air System Causes Odor in Institution and Requires Greater Amount of Fuel and Power

By W. E. Watt, A. M., Ph. D.

Hospital ventilation has been a costly luxury with no adequate returns. Since Bellevue stands with its huge ventilating equipment idle there is a pause in the business of ventilation of hospitals and the causes of expensive failures are demanded.

Under these circumstances, there may be interest in a statement in non-technical terms of the main reasons why ventilation so frequently fails to ventilate. Is there anything better than an abundance of heat and plenty of windows? Such ventilation is better than using dead air, but it has so many defects that I will first speak of the error regarding plenty of heat and plenty of fresh air.

Let us look into a hospital so aired. The windows have been open all night and the heat has been on. As cold air is heavy and hot air light, the ceiling of every room is hot and the floor cold. The patient has been sending exhaled air into the space over the bed and it has hung there, no opening being provided for its egress. The room is smelly. The heated space above the bed and higher than the opening of the window is foul. It is foul because it has been catching air sewage all night.

It is foul for another reason—air that is too hot cannot oxidize odors and it has a distinctly dead and stuffy odor of its own. The stuffiness remains even when the room is flushed out with widely opened windows, because the flushing is done with heavy cold air and the air we wish to get rid of is light and clings overhead. Flushing with cold air makes the floor cold and leaves the ceiling hot and stuffy. We have to apply about twice as much heat to make it tolerable, and this added heat increases the stuffiness.

This is true also when the hospital has a mechanical system. Flushing out clears the system and leaves the rooms cold along the floor. It requires an objectionable amount of heat to warm the floors. If the ventilation is powerful the cold layer is soon removed, but the room is made stuffy again; the more rapid the warming of the floor the more stuffy the room afterwards.

ROOMS TIGHT AT THE TOP

As a rule hospital rooms are tight at the top. Each separate room is like a diving bell or an inverted bowl, cupping the rising air sewage so it cannot escape while warm. Effluvia from skin and lungs rise and do not descend till cooled, when they return slowly, with much diffusing, to the breathing plane and are practically rebreathed and sent back to the ceiling. So the objectionable elements in the room are retained and play up and down over the patient like a ball in a fountain. At each descent the corruption is increased by being inhaled, warmed to 98 degrees F., and permitted to rise to the ceiling, to hang there awhile before repeating the round trip.

A small opening, if near the ceiling, will eliminate air sewage. The opening must not let out the warmed air too rapidly, and it must prevent back drafts. A slow process of air scavenging will go on without attention from anyone. But it must be self-acting, for the workers in a hospital are busy.

The usual practice in buildings of this class is to let the effluvia hang in the room unless part of it can get through an open door to the corridor. So there it hangs, either in

the rooms or in the corridor. The nurse has given the enema early in the day and its odors have been carefully preserved, almost as if by design. The lower part of the room has been flushed with heavy cold air, but the air sewage is at the ceiling, not much disturbed. Yet people wander at the hospital odor!

Toilets are generally given a vent, even when the rest of the building is unventilated. But the common practice is to vent them by drawing off air near the floor and leaving undisturbed the aggregation of odors at the ceiling. Sometimes there is a back pressure and the air of the toilets comes out to the corridors and even travels to the front entrance.

Open the door to a toilet room on a lower floor of a large building and see whether the scavenging of the toilet air is going on in the shaft or in the corridor when the door is used. If the latter, do not wonder at the so-called hospital odor, for it has no necessary connection with hospitals. It is abundant in office buildings and manufacturing plants. In fact, almost every large building that is warmed in cold weather has a condemnatory odor in the corridors and you notice it when you enter from outdoors, for it awaits you in the vestibule.

ODORS ARE NOT NECESSARY

Because these odors abound in many buildings it does not follow that they are necessary. No building needs to have them. But guessing at the action of indoor air gives crude results, and they are dangerous to human life. It is a pity that medical schools and hospitals, which should set an example in hygiene and sanitation, are so culpable in attempting to make some old broken down ideas afford ventilation after boards of trustees and contributors have been repeatedly "stung" by slipshod copying of what is seen in other buildings, without ascertaining whether it is doing any good there or not.

Air that is warmed is thirsty. Our grandparents well know that a house too dry in winter is unsafe for human habitation. But modern practice has run to the extreme of making houses larger and tighter and heating them a little hotter each decade. This increases the aridity.

When the air is too dry the breathing tract is violently assailed and the germ-destroying mucous in the nose and throat, which either kills or washes down to the stomach millions of germs to be destroyed by hydrochloric acid—this life preserving fluid is dried up by the rapidity of evaporation. The membrane ulcerates and clots collect. The area which nature designed as a great bulkwark at the entrance of the body for the exclusion of deleterious germs is actually converted into a culture tract for myriads of germ colonies which thrive there in warmth, wetness and darkness. The guard at the gate has turned traitor and is giving aid and comfort to the enemy.

But aridity does far more mischief than that in the breathing tract. The human skin in summer keeps the temperature of the body down. Insensible perspiration causes a miniature ice machine under the clothing which keeps us from sunstroke. Now, when a building is too dry there is a small ice machine under every person's clothing and more heat must be applied to keep the body temperature up to normal.

Some of us have a texture of skin which yields moisture more readily than that of our neighbors. Consequently we

who evaporate much are distinctly chilly in a dry room that is more than 70 degrees warm. We are known as cranks by our friends, but we are so decidedly chilly and in such fear of pneumonia that we insist on more heat and prevent others from opening windows for fresh air, even though they may be gasping with the overheat. So we are in bad repute. But we get the heat we call for—usually—and so the hospital has enough to keep it overheated all winter. There is a loss of vigor and efficiency generally.

"DEAD" AIR PRODUCES WEAKNESS

It is unscientific to speak of dead air, but I call all dead that produces tuberculosis and general weakness, indoor air which lacks power to impart vigor and alertness and make us resistant to fatigue and disease. Outdoor air produces opposite effects and may be called live air. Everyone knows there is a great difference between live and dead air.

If a definition must be had, let us say that there is an ionized condition of the atmosphere which is profoundly beneficial to our health and metabolism, and that it is generally found outdoors, while there is a different condition usually found in buildings that are warmed. This is a very interesting and profitable subject for consideration, but space forbids. No ventilating engineer has written upon it, and although it is far and away the most important subject in ventilation, it has not been touched upon by writers and experimented with in the practice of those who put in the ventilating plants which are so largely condemned by those who have to endure the results.

Air that is warmed is hurt. Air that is much warmed is considerably hurt. The air which hangs overhead for hours and is too warm for breathing is dead. It cannot oxidize odors. It cannot give vitality and vigor to the body. It is neither inviting nor invigorating. It contains as much oxygen as good air, but in a form which permits life to go on only at a poor dying rate.

Into that layer of air overhead goes the air sewage. Having no means of getting out, and being too warm to come down where there is some live air, it produces the institutional smell and preserves it quite perfectly, for it is but slightly disturbed by the opening of windows several feet below or by the running of the ordinary ventilating plant, which throws more dead air into the room, gravity determining whether any of the foul air gets out or not. Warm air stays overhead in the inverted tank formed for it by the thick upper part of the room, and the air which is most warmed and has most recently brought out effluvia from the breathing tract is the air which remains.

Some of that which is least foul is boosted out by the ventilation, but so much remains that we are oppressed with the odors, deadness, and overheat, unless we have been in the room so long that our olfactory organs have given up the struggle and we weakly submit to whatever the dead. dry, contaminated air may choose to do to us.

QUALITY OF AIR IMPORTANT

In general, there is far too much heat used in the building. This necessitates getting rid of most of it. The processes of throwing it away are wasteful, for they carry off air that it not too hot and leave air that is dead and overheated. Where there is a ventilating system it usually kills the air first and sends it into the rooms to be used. The users complain that it is not fit to breathe and the engineers stand back and say, "That is perfectly good air, from a clean source, warmed and treated so it is just as good as that outdoors, and there are 3,000 cubic feet of it per hour passing through this room for each person present."

The number of cubic feet of air has very little to do with the value of the air in the room. The quality of the air is what counts, especially the air on the breathing plane. If the air doesn't feel right to all it is not right. If it is stuffy and uninviting to one entering from outdoors, it is not fit for use.

Laws and ordinances have been passed to regulate hospital ventilation, but they are based on the old standards of "How much?" and not upon the better measure of "How good?" When you build you have to conform to these laws and ordinances, but you should not believe that your ventilation is healthful when it is merely legal. It is possible to blow ten times as much "fresh air" through a room as the most exacting standards demand and yet all that air will be dead, dry, weakening and offensive.

It is also possible in any building, new or old, to keep healthful air on the breathing plane; but it can only be done by recognizing the laws of physics instead of following rules which have long since been found defective, but are still promulgated.

No gently warmed building has an institutional odor when it has humidity rightly applied in live air and the air sewage is eliminated while warm. Every building has that odor when it is using too much heat, retaining its air sewage overhead, and the air is so dry it has to be overheated to overcome the chill caused by the dryness.

An interesting fact is that when wasteful heating and ventilating methods have been abandoned in any large building there is a large conservation in the coal bin. I have before me a report on a group of seventeen buildings in which 26 per cent less fuel is being used annually and 75 per cent less current is taken by the fans and blowers.

But more interesting is to know that the odor and stuffiness are not only costly, but unnecessary.

Some Recent Books

Brief Reviews of Publications of Interest to Hospital Executives

MESS OFFICERS' MANUAL, Lea & Febiger, Philadelphia and New York

This little volume, prepared by officers of the division of food and nutrition of the medical department of the U. S. army, contains a great deal of material of interest and of practical value to dietitians and others connected with a hospital's food department. Composition of foods, selection and inspection, storage, kitchen economy and management are subjects treated in the book that are of direct concern to hospitals. Many practical suggestions for the storage of food, prevention of waste, use of left-overs, etc., will be of particular interest.

PRIMARY STUDIES FOR NURSES—By Charlotte A. Aikens. W. B. Saunders Company, Philadelphia.

The fourth edition of this text book for the first year nurses presents a complete revision of the earlier editions with the addition of a section on elementary chemistry and important additions to the sections on hygiene and therapeutics. It presents in concise form well-rounded lessons in anatomy, physiology, hygiene, bacteriology, therapeutics and materia medica dietetics and invalid cooking and is an excellent supplement to the practical instruction in nursing technique.

HIGHER ASPECT OF NURSING. By Gertrude Harding. W. B. Saunders Company, Philadelphia.

This new book deals with the great responsibility of the service of nursing and emphasizes the necessity of striving for the highest ideals. Problems faced daily by nurses are described and solutions offered,

New Buildings for Santo Tomas

National Government Institution of Republic of Panama to Have Facilities for 600 Patients

By Edgar A. Bocock, M. D., Major, Medical Corps, U. S. Army, Superintendent, Santo Tomas Hospital, Panama, R. P.

Separated only by the width of a street from the canal zone which is owned and directed by the government of the United States and populated by approximately 17,500 American civilians and military forces, lies the city of Panama, which is the capital and largest city in this small but prominent republic. In this city is located the Santo Tomas Hospital, which is the national government institution of the republic, and the only one in the country with its population of approximately 400,000 people. Very intimately and closely related as are sanitary and health conditions affecting the Americans on the canal zone and the Panamanians within the republic, naturally a great deal of interest centers around this institution. Additional factors which create interest in the institution are: first, that it is the oldest hospital in the new world; and second, that despite its age is operating today under the joint supervision of



FEMALE WARDS AND NURSES' QUARTERS

the government of the United States and Panama in a very up-to-date and modern manner, and for the past fifteen years has been rapidly progressing in professional efficiency.

After the founding of the first city of Panama, in the year 1519, it soon became apparent that the establishment of a hospital to care for the sick soldiers and fortune hunters that infested the city in search of adventure and treasure was an absolute necessity. With this in view a small house was established by the Catholic church and Emperor Carlos V, by royal decree given at Burges, in September, 1521, ordered the royal treasury to expend whatever the new hospital needed to carry out its mission. However, it is possible that, notwithstanding the eagerness of the citizens to establish and sustain the hospital in Panama, the project was not entirely successful, since it is recorded that in 1545 the lawyer, Pedro de la Guerra Gasco, established in the city an asylum to treat and cure the soldiers who were recruited to fight in Peru in the rebellion of Gonzalez Pizarro. As to the success of these two institutions nothing is known since all trace of them in the records completely disappears after 1545.

The next hospital which is officially mentioned, and which is undoubtedly the forerunner of the present Santo Tomas Hospital, was established in 1575. This institution was served by women and slaves under the management of a mayordomo appointed by the court of the bishop. The little hospital was under the supervision of the principal citizens of the city, who visited it daily and in rotation to observe its operation and to provide for the treatment and necessities of the inmates. Notwithstanding the vigilance of the citizens the hospital reached such financial difficulties within a few years that in order to conserve its efficiency the authorities of the city decided to call on the hospital monks to take charge of the management.

In accordance with this action, four monks of the order of Saint John of God, a religious community trained for hospital service, came from Lima, Peru. The transfer of the institution to the monks did not meet with the approval of the Bishop of Panama, Francisco de la Camera y Raya, and the delivery of the hospital management to them was opposed to such an extent that it was not accomplished until June 26, 1620. On that date, in obeyance with the royal orders, the constable of the city allowed the monks to take possession of the building. Thereafter the hospital rapidly increased in size and in importance.

The building used was large and well constructed of masonry and bricks. The records state that it occupied a space of 4,470 square meters, including the cloisters, wards, dependants and court yards of the establishment. The monks repaired the damaged walls of the convent building; built several additions for their convenience and for the comfort of the patients, as well as a small chapel for worship, utilizing for this purpose a part of the hospital which had previously been used as a refuse dump.

To show the benefit that this establishment, directed by the monks, provided for the neighborhood, it is recorded that during the next seven years of its operation 8,400 patients



MAIN BUILDING OF HOSPITAL (AT RIGHT)

were treated, or an average of 1,700 yearly, and that during the same period only about 400 deaths occurred.

The fate of the hospital of Panama was the same as that which overcame the greater part of the other buildings and houses in the city at the time of the invasion of Morgan in 1671. It was entirely destroyed, nothing remaining of the original buildings except the ruins of the cloister, which gives a slight idea of the general structure and arrangement which was destined for the relief of the poor.

So far as we are able to learn, no hospital existed on the Isthmus of Panama after the departure of Morgan until 1695, when the present city of Panama was founded. During that year the present Santo Tomas Hospital was founded on a very small scale by the Bishop Diego Ladron de Guevara for the care of the poor women of the city and placed in charge of the Sisters of Charity.

For several decades after its establishment the institution continued to operate under this regime, but after that time all trace of the hospital in the records disappears and if it functioned at all it is presumed that it must have been on an extremely small scale.

FIRST REORGANIZATION

With the gold hunt in California and the coming of the Panama railroad in 1850, the demands for hospital accommodations in Panama became very pressing and to attempt to meet this steadily growing necessity, the old Santo Tomas Hospital was renovated and reorganized by the Bishop of Panama in 1858 and French Sisters of Charity placed in charge of the institution.

The sanitary and health conditions of the isthmus beggared description during those days. Yellow fever and malaria raged rampart and thousands of deaths were the annual tolls which these plagues exacted from the natives, immigrants and later laborers who were building the Panama railroad and later the French people who attempted to make the canal a reality. Well has it been said that in those days the Isthmus of Panama was undoubtedly the pest-hole of the world.

Since no water system or plumbing fixtures had been installed in the city at that time, the hospital depended on collected rain water for every purpose and frequently during the dry season it became quite scarce with only enough remaining for drinking and cooking purposes. Needless to say, very little of anything so precious was wasted on a practice considered as useless and harmful as bathing and certainly only a less quantity was used for scrubbing and cleaning. No ice was available and the meats provided for the patients was necessarily cooked and eaten the same day as killed, or hung in the sun and consumed later as dried beef. These conditions represent only a few of the many difficulties which were encountered by the Sisters of Charity during the early days of the operation of Santo Tomas Hospital. To these brave women untold credit is due. They were the pioneers in a great work and from the small start made by them a large institution has been realized, and with the construction of the new Santo Tomas Hospital, a monument will be founded that will be a credit to the nation to which it belongs, and which in a great measure may be traced indirectly to the indefatigable efforts of those courageous women who labored in the early days.

SECOND REORGANIZATION

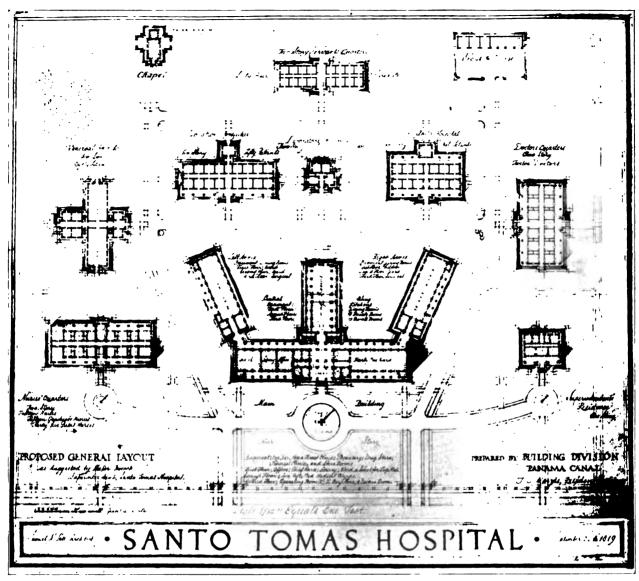
Soon after the signing of the convention between the United States and the Republic of Panama on November 18, 1903, to build the Panama Canal, the hospitalization of many canal laborers, foreign seamen, indigents, etc., became a problem of great importance both to the United States and to Panama. To handle this proposition the order of the secretary of war, dated December 3, 1904, issued by direction of the president, required that:

"The United States will construct, maintain and conduct a hospital or hospitals either in the canal zone or in the Republic of Panama at its option, for the treatment of persons insane, or affected with the disease of leprosy and indigent sick."

In September, 1905, the emergency for additional hospital accommodation on the Isthmus of Panama existed to such an extent that the chief sanitary officer of the canal zone recommended that the existing structures of Santo Tomas Hospital in the city of Panama be repaired, enlarged and equipped in such a manner as to make said hospital capable of adequately accommodating 300 patients and thereafter operated and maintained at that standard as a hospital for the inhabitants of the Republic of Panama, foreign seamen, strangers, etc., thereby relieving Ancon and Colon hospitals of a large number of patients constantly under treatment at those institutions and making it possible to devote these hospitals exclusively to the necessities of employes of the Isthmian Canal Commission and inhabitants of the canal zone. The executive committee of the Isthmian Canal Commission on June 14, 1905, authorized the repair, improvement.



VIEW OF MAIN BUILDING OOG



GENERAL LAYOUT OF NEW SANTO TOMAS HOSPITAL

equipment and operation of Santo Tomas Hospital, and further provided that:

"The governor of the canal zone is hereby authorized to enter an agreement with the authorities of the Republic of Panama respecting the details and the management of said hospital, personnel, salaries and such other measures as may be necessary to promptly complete the organization of the hospital staff and prepare the hospital for the reception of patients."

During the year 1994 the national assembly of the republic appropriated several sums of money at different times aggregating \$42,500 for the erection of a hospital building for insane, an asylum for lepers and a home for incurables. However, since the United States, pursuant to terms of the order of the secretary of war, previously quoted, was constructing an asylum for the insane at Corozal and a leper asylum at Palo Seco, it was not considered necessary for the government of Panama to duplicate this construction work. The authorities of the Republic of Panama were willing to accept the restoration of Santo Tomas Hospital and certain additions thereto in lieu of the hospital for the indigent sick and to turn over to the government of the canal zone the already appropriated \$42,500 to be used in this work.

In view of this agreement the treasurer of the Republic of Panama turned over to the disbursing officer of the canal the amount previously mentioned and the canal commission authorized the expenditure of \$13,000 additional, making a total of \$55,000 available to be used in remodeling the old building. The repairs and alterations consisted in adding an annex to the main building, a new operating room, nurses' and doctors' quarters, servants' quarters and a laundry. This work was immediately begun and was satisfactorily completed during the following six months.

Another conference with the authorities of the Republic of Panama resulted in an agreement as to the management, personnel and maintenance of Santo Tomas Hospital, which was expressed as follows:

"The affairs of Santo Tomas Hospital will be administered by a board of directors of five members, three of whom will be appointed by the president of the Republic of Panama and two by the governor of the canal zone. Of the three directors appointed by the president one shall be the treasurer of the hospital and one the secretary of the board. The governor of the canal zone shall thereupon be the president of the board of directors.

"The superintendent, two interns and three graduate nurses shall be appointed by the governor of the canal zone, and their salaries paid from the funds of the canal commission.

(Continued on Page 74) 1008 C

"Who's Who" in Hospitals

Personal Notes of Men and Women Who Are Making the Wheels Go 'Round



JOHN G. BOWMAN, PH. D. Director American College of Surgeons, who has been chosen chancellor, University of Pittsburgh

Mr. Bowman, who has supervised the hospital standardization program of the American College of Surgeons, has been in close touch with institutions in the United States and Canada since this movement was inaugurated. He is equally well known throughout the educational world, for prior to becoming director of the College of Surgeons in 1914, he was president of the University of Iowa for three years, and was previously secretary of the Carnegie Foundation for the Advancement of Teaching. He will go to Pittsburgh about January 1. Mr. Bowman's many friends in thet hospital world are pleased to hear of his new appointment and extend to him their best wishes.

Dr. W. L. Vickers has succeeded Dr. W. F. Fessey as superintendent of the Nashville, Tenn., City Hospital, Dr. Fessey resigning to take up private practice. Dr. Vickers was assistant superintendent.

Miss Mabel Seymour on November 15 assumed the duties of superintendent of the Wells County Memorial Hospital at Bluffton, Ind., resigning from the Schneck Memorial Hospital, Seymour, Ind.

Miss Victoria Armstrong has been named superintendent of the City Hospital of Washington, Pa., with Miss Ethel DuShane of Pittsburgh as her assistant. The City Hospital, which until recently was operated in connection with Washington Hospital of the same city, now is administered as a separate institution, this change of policy becoming effective shortly after the recent resignation of Major R. B. Sellers as head of the joint institutions. Miss Agnes E. Gordon, who was Major Sellers' assistant at Washington Hospital, has succeeded to the superintendency of that in-

stitution, with Miss Lyda MacFayden as assistant. Miss Gordon is a graduate of Grace Hospital Training School, Detroit, and took post-graduate work at the Woman's Hospital, New York.

Miss Elizabeth Pollock, of Bloomfield, N. J., sailed on December 7 for Shanghai, China, to become superintendent of the Mary Williams Hospital. She served overseas with the Harvard unit during the war. Miss Pollock is a graduate of Overbrook Hospital, Summit, N. J.

Dr. P. J. Hirst, who recently resigned from the Homestead Sanitarium, Providence, N. Y., to accept the superintendency of the Herkimer Tuberculosis Hospital, has been succeeded by Dr. Asa R. Dimock, who was in service during the war.

Recent changes in the personnel of Ellis Hospital, Schenectady, N. Y., included the appointment of Miss Louise F. Arnold as superintendent, Miss Mary J. McPherson as superintendent of nurses and principal of the training school, and Miss Gladys Thompson as dietitian. Miss Arnold for ten years was superintendent of Samaritan Hospital, Troy, and Miss McPherson was associated with her at that institution. Miss Thompson is a graduate of Simmons College.

Miss Ethel Butts, former superintendent of Deaconess Hospital, Spokane, Wash., will sail for Korea the latter part of December to engage in missionary and hospital work. Since her recent resignation from Deaconess, Miss Butts has been attending a training school in the East.

Miss Mabel Pittman, superintendent of Van Wert County Hospital, Van Wert, O., since 1916, has tendered her resignation.

G.W. Olson, for nine years superintendent of Swedish Hospital, Minneapolis, has resigned to become secretary and general manager of the Physicians and Hospitals Supply Company, 413 South Sixth street, Minneapolis, which recently was established. William Mills, assistant superintendent, has been named as Mr. Olson's successor until further action by the board. Mr. Mills is a former college instructor and served as a Y. M. C. A. worker during the war, affiliating with Swedish Hospital on his release from service in September, 1919. Mr. Olson is widely known among hospital executives. During his administration the capacity of Swedish Hospital was doubled. He organized and was first president of the Minnesota Hospital Association and the Minneapolis Hospital Council.

Santo C. Fazio, formerly hospital superintendent in the U. S. Public Health Service, has accepted a position as efficiency man at the Charles B. Towns Hospital, New York.

Miss Irene M. Bishop, a graduate of Roosevelt Hospital training school, New York, who served overseas, is superintendent of the Wayne County Memorial Hospital. Honesdale, Pa., recently dedicated. Miss Bishop went overseas in June, 1917, with the Roosevelt-Mackey unit, and later remained at Base Hospital 15 for twenty months. On her return to this country she went to the government hospital at Ancon, Panama, until appointed superintendent at Honesdale.

Mrs. Mary McDonald, formerly superintendent of the Albion, Mich., City Hospital, has assumed her duties as superintendent of the Elkhart, Ind., General Hospital.

Dr. Frank F. Hutchins, who was appointed medical director and superintendent of the National Military Home at Marion, Ind., has resigned.

After nearly five years' connection with the Bloomsburg, Pa., Hospital as superintendent, Mrs. Mary L. Robinson resigned, effective December 1, to accept the position of superintendent of nurses of the hospital of the Women's Homeopathic Association of Pennsylvania at Philadelphia.

THE HOSPITAL ROUND TABLE

"The \$100 Club"

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A hospital in a comparatively small eastern city recently met with remarkable success in a drive for funds by organizing a "\$100 Club," a mythical association of donors who gave that much toward the institution. It was believed that 100 members of the club could be obtained, but this figure was easily surpassed. Much of the success of the "\$100 Club," of course, was due to the local newspapers, who co-operated with the hospital by publishing the names of the "members" each day, but the idea itself struck a popular chord and undoubtedly brought in many an additional dollar from people who otherwise might have been content to donate less. Evidence of this were groups of individuals who clubbed together to raise the amount necessary to be listed in the "club." This might be used by other hospitals with variations

The Friendly Visitor

The problem of dealing with foreign patients assumes considerable proportions in many hospitals and various solutions have been offered without success. In a hospital in the East, however, the foreigners are visited at regular intervals by a Y. M. C. A. worker who goes through all the wards, converses with the patients in their native tongue, supplies them with literature and in other ways makes their confinement as pleasant as possible. This system was inaugurated at the suggestion of the Y. M. C. A. man and it has proved so successful that a woman worker is to be employed for similar work among foreign women patients.

Storing Garden Produce

The Municipal Hospitals of Winnipeg, in their annual report, offer the following suggestion for the construction of a pit for the outside storage of garden produce, a similar pit having been used most advantageously during an unusually severe winter:

A pit of rectangular shape and about nine inches deep was made. Around this was a wall about a foot high projecting above the surface but a few inches, a plank on edge being very suitable. On this was built a crude gable roof of heavy plank or brush, each piece set far enough apart to give a maximum amount of ventilation without letting the covering material through.

A foot of dry straw manure is laid on this roof with two feet of dry coarse cinders over it.

Rough ventilating shafts about three feet apart run from the floor through the roof with a couple of inverted shingles on top to shed rain. At the bottom of these shafts small holes should be dug to receive any moisture that may drip down them. The shafts should be of open-joint construction permitting ventilation from all sides all the way up. They may be of fagots tied in narrow bundles long enough to reach from floor to roof if planks are not available. Such a pit kept the surplus of our last year's crop in even better condition than in the permanent store houses.

Protect the Plumbing

Although in buildings where heat is maintained day and night from the basement to the top floor very little trouble in the shape of frozen plumbing fixtures is encountered, occasionally there are sudden drops of temperature that may

result in the bursting of pipes. This may happen more frequently in small buildings outside the hospital proper. Traps of sinks, bath tubs, lavatories, laundry tubs and water closets are designed to hold a certain amount of water which may freeze and cause serious damage unless sufficient heat is maintained or other means taken to prevent it. It is a simple thing to throw a handful of salt in the water closet bowl or into a sink at night, so that a relatively strong brine may be formed in the trap that will prevent its freezing solid

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Washing Bed Linen

The following formula for the washing of bed linen was worked out by a member of the Laundry Industry Board of Trade and has been used with complete satisfaction by a number of commercial laundries:

Warm Rinse 5 minutes 1 in. Soda Bath 2 in hot water 1 lb. Wyandotte or equal for each 10 minutes 100 lbs. of goods Turn on steam, heat up well. C Suds 2 in, hot water Soap and neutral soda to make good running suds. Use no steam 15 minutes unless hot water supply is limited D Bleach 2 in. hot water 10 minutes Follow by two hot, one warm and one cold rinse of 5 minutes each.

If water is very hard or goods extremely dirty, it is suggested, increase amount of soda used. Soda must be used dry in the washer. Overloading and overbluing should be avoided.

Keep Iodine Corked

For the benefit of its members who operate industrial hospitals, the National Safety Council has issued a bulletin regarding the correct method of keeping iodine. This says that iodine should be kept in a cool place and in a dark bottle with a glass or rubber stopper. The bottle should be tightly corked as otherwise some of the alcohol will evaporate and the iodine become too strong and thus burn the skin. Another suggestion is that tincture of iodine should be made fresh every few months.

The Valuable Executive

Pliny O. Clark, superintendent of the Presbyterian Hospital, Denver, makes the following suggestion which deserves thorough consideration of every hospital executive:

"Which is the more valuable executive, the one who plans work with definiteness and precision and puts it through on scheduled time, taking regular gymnasium or outdoor exercise, or the one who, although planning carefully, is unable to complete the task because of lack of strength or snap to enforce discipline and care for the countless details which come up in the work?"

The necessity of regular exercise and of keeping in condition to render one's best efforts on every occasion is a matter to which successful executives in industry and business have devoted a great deal of attention. A hospital superintendent in many cases is more valuable to his or her institution than a given industrial executive, hence, he or she should give proper attention to the question of keeping physically fit.

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Our Platform

- 1. Better service for patients.
- 2. Hospital facilities for every citizen.
- 3. Adequate training for hospital executives and staffs.
- 4. Education of the public to its responsibility and duty toward hospitals.

The Christmas Celebration

A new spirit is to be noted in many hospitals about this time of year as patients and personnel are preparing for the annual Christmas celebration. The occupational therapy department, which always is a popular section, is more popular than ever, for much of the work now concerns the decorations for the Christmas tree and the making of toys or more practical Yuletide gifts. Plans for the trimming of the trees in the various wards and for decorating the corridors, dining-rooms, wards and other parts of the buildilng are discussed with animation, and in the general preparations many a trivial occurrence is overlooked or unnoticed that at another time might have eventually resulted in dissension. In other words, the Christmas spirit has entered the institution and from now on until after the holidays the work of the hospital will be carried on with unusual smoothness and efficiency.

Every hospital ought to have a Christmas celebration. The

cost is small and in most instances the expense is gladly defrayed by friends of the institution, who will be particularly generous in aiding the success of such an affair.

By all means Sahta Claus should have a prominent part in such an event, particularly if there are many children among the patients. And he ought to have sufficient support from various agencies as to be able to distribute a gift, if only an orange, to every patient, attache and employe.

Are Your Rules Up-to-Date?

The interest evinced by hospital superintendents in the rules of the Brooklyn, N. Y., Hospital, as published in the November Hospital Management, brings to light the fact that the regulations governing the operation of many institutions have not been revised since their adoption many years ago, although since that time customs and practices have been changed or discarded altogether and new ideas evolved and accepted by progressive hospitals.

It will pay any board member, superintendent or other hospital officer or executive to study the Brooklyn Hospital regulations. They were prepared by Dr. Nealley, superintendent, and his associates only after considerable study, including an examination of the rules of a number of other progressive institutions. As a result of the intelligent compilation of the good points of all the regulations considered, the constitution and by-laws, as finally approved by the Brooklyn Hospital, is an exceedingly practical exposition of the principles governing hospital management, and state clearly and concisely the duties of officers, staff members, executives and employes.

Incidentally, DR, WARNER, secretary of the American Hospital Association, recently made inquiry concerning the article in Hospital Management with the object of making the rules the subject of an official bulletin to all members.

A Private Room For Every Patient

One of the most interesting articles in this issue of Hospital Management is Dr. Reynolds' account of the development and operation of the King's Daughters' Hospital of Temple, Tex. This institution, as may be imagined from a perusal of the article, is distinctive in many ways. For years it has furnished a private room for every patient regardless of whether he was pay or charity, and for several years the hospital has lived up to practically all the requirements of the hospital standardization program of the American College of Surgeons.

Considerable interest has been aroused in the question of wardless hospitals since the publication in a recent number of of Hospital Management of an article describing the Fifth Avenue Hospital building in New York which is to be constructed to furnish a room for each patient. This idea, which is a new one in the East, has struck a popular chord and a drive for funds has resulted in the obtaining of a large sum toward the cost of construction. Columns were devoted to the wardless hospital idea by New York newspapers, which also printed reproductions of plans of the building, and newspapers there and in other parts of the country commented editorially on the project in the most favorable terms.

The idea of a hospital that will have a separate room for every patient has been elaborated on frequently in Hospital Management and articles on this subject by Asa S. Bacon, superintendent of Presbyterian Hospital, Chicago, attracted wide-spread interest.

There has been a great deal of controversy, however, as to the feasibility of operating such an institution without

Hospital Convention Calendar

Illinois Hospital Association, Chicago, February, 1921.

National Methodist Hospitals and Homes Association, Chicago, February 15-16, 1921.

American Conference on Hospital Service, Chicago, March, 1921.

North Carolina Hospital Association, Pinehurst. April, 1921.

Ohio Hospital Association, Toledo, May, 1921.

Oklahoma State Hospital Association, McAlester, May, 1921.

Georgia Hospital Association, Macon, May 5, 1921.

Michigan Hospital Association, Ann Arbor, June 7-8. 1921.

American Association of Industrial Physicians and Surgeons, Boston, June, 1921.

American Medical Association, Boston, June, 1921.

National Tuberculosis Association, New York, June, 1921.

Mississippi Valley Conference on Tuberculosis, Cedar Point, Ohio, September, 1921.

Mississippi Valley Sanatorium Association, Cedar Point, Ohio, September, 1921.

Kansas Hospital Association, Newton, October 20, 1921.

American College of Surgeons, Philadelphia, October 24-29, 1921,

National Society for the Promotion of Occupational Therapy, Baltimore, Md., October, 1921.

American Medico-Psychological Association, Boston, 1921.

New Jersey Hospital Association, Atlantic City, 1921.

National League of Nursing Education, Kansas City, 1921.

American Nurses' Association, Seattle, 1922.

National Organization for Public Health Nursing, Seattle, 1922.

a heavy endowment. Dr. McReynolds and his associates however, seem to have proved the idea practical and wardless hospitals undoubtedly will soon begin to multiply and receive serious attention in all sections of the country.

Cleveland's Hospital And Health Survey

A lesson for every hospital superintendent, as well as every community, is to be found in the report of the Cleveland Hospital and Health Survey, a summary of which is printed elsewhere. This survey, the first to be made for any city in the United States, was directed by the Cleveland Hospital Council, which incidentally is to be congratulated on the caliber of the staff engaged and the thoroughness with which the work was done. Conditions in Cleveland, generally speaking, have their counterpart in every large city in the country and the faults, or rather lack of facilities, pointed out, undoubtedly are to be found in most other communities. As the report emphasizes, the defects are to be blamed on the community as a whole and not on

the hospitals or other institutions which are doing their best under many adverse conditions.

An important lesson to be drawn from the Cleveland survey is the necessity of follow up work, since in Cleveland "87½ per cent of the patients go home to unfavorable surroundings." The survey staff also points out that it is the duty of the hospital to give instructions for home convalescence and to make definite suggestions for the use of the dispensary.

Many other lessons are to be learned from the efforts of Dr. Emerson and his assistants who so industriously investigated every phase of the hospital and health problems of the city and courageously made public their findings, even though these were not altogether pleasing. The very fact that the results were set forth plainly and unadorned adds immeasurably to the value of the survey since they will awaken the citizens to the handicaps and needs of their institutions. And the effect and value of the Cleveland survey will not be limited to that city, for wide spread publicity of its findings will spur other communities to action.

Every progressive hospital superintendent should read and profit by the report of the Cleveland Health and Hospital Survey.

Pass Your Ideas Along

Hospital executives, as a group, are remarkably generous in the matter of offering assistance and advice to fellow superintendents and this trait is particularly true of the "big fellows," who frequently go to trouble and inconvenience to help the head of some small institution solve one of the many problems that constantly arise in the supervision of such a complicated establishment as a hospital.

This spirit of helpfulness is a big factor in the development and progress of American hospitals. Usually whenever a better way of doing a certain task is found the good news is quickly spread and eventually hundreds of other institutions will be benefited. No better example of the willingness of hospital superintendents to co-operate with one another can be found than at the Round Table of the American Hospital Association conventions, where leaders of the field willingly put their knowledge and experience at the disposal of all who desire to make use of it.

But there are some superintendents who have achieved a small measure of success and who zealously guard some little idea by which they have increased the efficiency of their institutions. They fear that if their method were generally known other superintendents would be just as successful as they are, and so they hide their little "stunt." These superintendents, it might be pointed out, are only standing in their own light, for the chances are very great that some other wideawake superintendent not only has conceived the same idea, but has improved it immeasurably.

So, even if it should happen that this particular idea has not been introduced elsewhere, keeping it secret will serve to delay its appearance only for a short time. There are thousands of superintendents who are constantly using time and effort to improve various features of hospital service and very few ideas of value escape them.

Remember the old story of the double benefits of an exchange of ideas. A has an idea and B has an idea. They exchange them and each now has two ideas.

So, pass your ideas along. You will gain a great deal more in this way by learning other improved methods than you possibly can by keeping secret the little plan you may think you have originated.

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Copper Company Has 56-bed Hospital

Three Dispensaries and Nurses' Home Other Features of Service of Cananea Operations in Mexico

By Frank T. Hogeland, M. D., Chief Surgeon, Cananea Consolidated Copper Company, S. A., Cananea, Sonora, Mexico.

The Cananea Consolidated Copper Company's mines and reduction plants are located at Cananea, Sonora, Mexico, about 40 miles south of Naco, Arizona, which is on the American border.

At the present time we are working eleven mines which are scattered over an area of approximately IIx2 miles, one being located about eight miles from the camp proper and is reached by a narrow gauge railroad operated and owned by the company.

The smelter, concentrator, spreading beds, foundry, machine shop, boiler shop, carpenter shop, framing sheds and offices are located in the town proper, and the smelter, which is the largest in Mexico, under normal conditions turns out over 5,000,000 pounds of refined copper per month, but at present time about 3,750,000 pounds.

Our population is about 25,000, which includes about 500 Americans and another 500 divided among other nationalities, the balance being Mexicans, from which we get our 4,000 to 5,000 workmen.

These workmen live mostly in various types of huts, constructed of "adobe," rock from the hill sides, old tin, sheet iron, or anything else handy that can be made use of. The company has built quite a number of small frame houses. American style, but I do not believe they are appreciated on account of having too many windows. These huts, the size of an ordinary bedroom, are occupied by as many, including the dogs and babies, as can get in at night to sleep. While making a night visit I have seen a dozen or fifteen stretched out on the floor side by side, on their "petates" or palm leaf mats. This room is used in the day time as a dining and living room combined, with the night shifters asleep in the corners.

The character of the terrain is such that it does not permit of a sewage system. Any secluded spot on the hill sides or in the "arroyos" is used for a latrine. We have built some latrines and have a sanitary squad of Chinamen to attend to them nightly, but it is a difficult matter to train the ordinary "peon" to use them. These conditions make for epidemics, and it is a difficult problem to treat the resulting diseases and to endeavor to inculcate even a few of the rudiments of sanitation and hygiene.

The baby crop is large and the flies are prolific—why go into details? No doubt you have heard the same story over and over. I wrote a simple little pamphlet in Spanish entitled, "Advice to Mothers," and had a supply printed for distribution. When I saw a mother with her summer complaint baby in the dispensary seeking medicine (it is to laugh) for it, I proudly stepped up to her and offered her my booklet.

"What do I do with this?" she asked.

"Read it and apply its simple principles and you will get along much better with your babies," I replied.

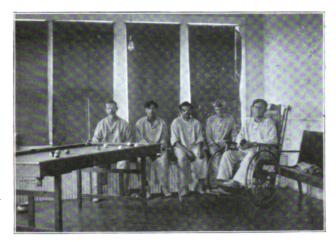
She looked at me blankly and said: "I do not know how to read."

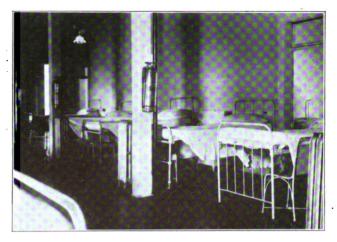
The joke was one me, as I have spent fifteen years in Mexico in just this kind of work and forgot that approximately 80 per cent of the entire Mexican population are unable to read.

I look at that pile of booklets every once in a while and register "perplexity" as the "movie" director would say. However, when I get the corridor of the dispensary full of mothers with their sick babies, I deliver my little lecture personally and I sincerely believe it helps some times. If I can get one mother in ten to carry out my simple suggestions I feel that I have accomplished a great deal.



CHIVATERA IT DISPENSARY OF





RECREATION ROOM AND PART OF WARD, RONQUILLO HOSPITAL

Thus far I have endeavored to give you a superficial mental picture of our field, and by the way, the amount and variety of clinical material found in it is amazing; and now I come to the point of my story—an outline and description of our hospital department and its system.

Before going further it might be well to say that we do not make a monthly deduction from the wages of our employes for hospital service.

The compensation and labor law requires us to care only for the men we injure and does not require us to treat them medically. However, we supply medical service to the men and their families at a minimum cost which is deducted from their wages each pay day. They buy their own medicines at the company's drug store.

I might add here that this system was put into use due to the fact that the workmen themselves objected to a monthly hospital deduction.

STAFF OF MEDICAL DEPARTMENT

Our staff consists of a chief surgeon and six assistant doctors, six registered American nurses, and American ambulance driver and a stenographer. We retain an ophthalmalogist in the United States to whom we send our severe eye cases. We also employ four Japanese ward boys and eight Chinese servants.

. The chief points of our medical service are as follows:

RONQUILLO HOSPITAL (Two Floors)

56 beds in wards and private rooms.

A surgery with all modern appliances and equipment. First class X-ray laboratory.

A modest pathological and bacteriological laboratory.

A heating and sterilizing plant.

. Laundry, kitchen and mess rooms.

Servants' quarters and morgue.

A house doctor and the six nurses with their Oriental assistants care for the accident, medical and surgical cases interned here.

NURSES' HOME AND RONQUILLO DISPENSARY

This is located about one hundred feet away from the hospital. The home, which is on the second floor of this building, contains ten bed rooms, one large living room, together with bathroom and linen room.

In each room there is hot and cold water, electric lights and steam heat. Each nurse has a separate room.

FOR CARE OF MINOR INJURIES

The Ronquillo Dispensary, on the ground floor of this building, contains eight offices and is used to care for the minor injuries and the medical service. The office of the chief surgeon and that of the stenographer, where the injury case records are kept, are in this building.

The drug department was formerly located in this building, but was moved about two blocks down the street. Here employes may obtain drugs, sundries, patent medicines, toilet articles, etc., at practically cost.

CHIVATERA DISPENSARY

Located in the center of the mining section proper. One doctor treats ambulatory injury cases, sending the serious cases to the Ronquillo Hospital by ambulance. This ambulance is horse drawn, as a motor vehicle would be impossible on account of the rough country. The doctor takes care of the medical service and acts as quarantine officer for his district. He has his own drug room and a full modern equipment for the treatment of emergencies. His quarters are located in the same building and he covers the rough hilly terrain on a horse.

PUERTECITOS DISPENSARY

Located about eight miles from the mining camp and is reached by the narrow gauge railroad. There is one doctor located at this point, and he has the same equipment and does the same work as the Chivatera Dispensary.

PEST HOUSES

We have two pest houses, one for the Americans and one for the Mexicans, located about three or four miles from the camp.

COMPENSATION LAW EXPLICIT

Before outlining our system of recording the accidents which occur in our work and the filing of these records I would like to state that we are exceedingly fortunate as regards the compensation law with which we have to comply in this state.

Ist—There is a definite maximum indemnity for each injury (causing a disability), based upon the wages the injured man was earning at the time of the injury.

2nd—It is definitely stated just what care and treatment he is entitled to during his disability.

3rd—It is also definitely stated that we are to pay him onehalf his daily earnings at the time he was injured, during his period of disability, with the privilege of settling with him after fifty-two weeks, this being the maximum period for which we are obliged to pay half time.

4th—It definitely states that he needs no third party to intervene in order to collect the indemnity, unless the corporation employing him refuses to settle according to the law.

As we settle every case according to this definite law, we never have a suit in the courts, nor the usual trouble and annoyance caused by the so-called "ambulance chasers."

The medical cases received in the hospital are recorded in the usual case record book kept for that purpose apart from the accident file. Clinical and temperature charts are also filed on every case entering the hospital. I have designed a metal waterproof first aid box containing bandages, cotton, gauze compresses, prepared applicators, padded splints, adhesive plaster, a torniquet, tincture of iodine, aromatic spirits of ammonia, an ointment for burns, and a small bottle of formaldehyde, a few drops of which is used on a blotter inside the box after using it.

I believe that the least first aid used by the ignorant workmen the better. I have placed the box in the mine offices located at the collars of the shafts, and in the "time offices" at the smelter, concentrator and other plants, with the idea of having the American foreman and shift bosses, who have had some training in first aid work, use them.

I give first aid talks to the workmen themselves in order to teach them the necessity of reporting minor injuries to their bosses immediately.

In the mines we have supplemented these boxes by auxiliary first aid boxes on each level. These are not so elaborate as the other boxes, but contain splints and torniquet to apply before bringing the injured man out of the mine.

MINES INSPECTED REGULARLY

The safety first inspector and his assistant investigate each accident as to its cause and possible prevention, and make suggestions to the foremen as to making that particular place safer.

They inspect the mines and other plants frequently, searching for the dangerous spots, and give instructions to classes of workmen in safety first work and in the use of the rescue apparatus and the "lung motor." They also compile statistics on all accidents.

We require all our American employes to undergo a physical examination, which is filed with their records in the employment office. These, however, are a very small percentage of the entire number of our employes, as we do not require the Mexicans to pass a physical examination, not because we do not believe in physical examinations, but because the Mexicans do not believe in them.

In my opinion their objections are well founded, as I am sure 50 per cent of them would fail to pass the most superficial examination imaginable. Some day we hope to establish routine physical examinations in spite of these objections, not because we expect to disqualify them, but in order to tabulate the various abnormalities existing, which we are unable to do at the present time. This, of course, is a source of great worry to us, as we never are sure that our powder man is not an epileptic, and the hoist runner is not suffering from valvular heart disease in advanced stages.

COSTS OF HOSPITAL SERVICE

An outline of hospital costs during 1919 is as fo	llows:
Average number of men working a full month for	
twelve months	3,240
Average monthly turn-over	51 pct
Average number of men injured, monthly	193.25
Average number of men killed, monthly	1.25
Hospital costs for injuries per month per man	1.23
working	\$1.10
Hospital costs for injuries per month per man	4 0
injured	18.51
Half-time costs account of injuries per month per	10.51
man working	.55'3
Half-time costs account injuries per month per	•35 3
man injured	9.22
Indemnities account of injuries per month per man	9.22
working	1.18'1
Indemnities account of injuries per month per man	1.10 1
injured	19.81
Total costs per month per man working	2.838
Total costs per month per man injured	• •
Total not hospital costs	47.544
The haspital costs	42,930.62
The hospital costs were reduced by \$15,605.93, the	amount
of revenue obtained by charges for medical and	surgical
service paid by the employes.	
Total cost of half time\$	21.300.11

Total costs of indemnities...... 45,941.08



AMBULATORY DRESSING ROOM, RONQUILLO DISPENSARY

In my description of the "peon" and his mode of living at the beginning of this article I have painted a rather pitiable state of affairs; true, nevertheless; but I must say a few words in justice to the better class Mexican, who endeavors to improve his condition. You find quite a number who have copied the dress of the American or the European as well as their mode of living, and have sought to educate themselves and their families in every possible way, attending schools in the United States and abroad, and living much as we do ourselves. Great credit is due this class, and it is unfortunate indeed for Mexico that they are overwhelmed on election days by the 80 per cent who are unable to read or write.

In conclusion I ask you to accept my diagnosis of a Mexican "peon" as "a simple child who must be led and reasoned with the same as other children." That is what we are trying to do with him here in our hospital work, but as the Arizona cow puncher would say, "It sure is some job."

Hospital Is Nearly Ready

The hospital building being erected by the Atlantic Coast Lumber Corporation at Andrews, S. C., is rapidly nearing completion. The front of the building will be supported by brick columns, with a bricked in front porch downstairs and a commodious sleeping porch just above on the second floor. Large waiting rooms for colored and white are on the first floor, with a consulting office in the front center of the structure. An operating room and a laboratory and storeroom for drugs will be on the first floor.

On the second floor, besides the sleeping porch on the front, will be the large ward rooms, bath and closets. The larger ward room will be heated with an open fire-place.

Dr. D. S. Porter, physician at Andrews will be in charge of the hospital, which will treat persons not employed by the corporation in emergencies.

Erecting 50-bed Building

The Snoqalmie Falls Home Hospital building, nearing completion at Snoqualmie Falls, Wash., being erected by the Snoqualmie Falls Lumber Company for its employes, also will be open to the general public, according to a recent announcement by the company. The building is to have fifty beds, male and female wards, maternity ward and nursery, in addition to accommodations for the resident physicians, nurses and domestic help. Other features will be a general operating room, maternity operating room, medical dispensary, main kitchen, diet kitchens and laundry. The hospital building is located on a hill overlooking the Snoqualmie river and valley.

Examinations Promote Efficiency

This Method of Hiring Employes Pays Also in Safety and Humanitarianism as Well as Cold Cash

By A. A. Bureau, Manager Industrial Relations Department, Morris & Co., Chicago.

One of the greatest problems today before the industrial committees of big industry is the finding of the exact place physical examinations should occupy in the selection of employes. In the past we have hired men upon the basis of education or skill. In this day when physical examinations (army and industrial) are so common we are beginning to realize that there is still another great factor in the hiring and placing of men. A man's mental alertness, soundness of judgment, or efficiency and skill in his trade depends, to a large extent, upon his physical condition. A man in poor health is like a dirty machine. He cannot make his body respond quickly in the face of impending danger. Also, he cannot do his best regardless of how good the working conditions may be.

As to safety, an abnormal man is never 100 per cent mentally or physically alert. As such he decreases the safety of his fellow workers. Accidents are costly misfortunes, both in human suffering and cold cash. As to efficiency, anything less than his best is a decrease in the production of that department. The loss in production caused by the physical health of one man, when multiplied by many such men, soon can make a marked difference in the total amount of production for the plant. Therefore, the physical condition of the employes is an important factor—first, in the reduction of accidents, and, second, in the cost of production.

Looking upon physical examinations as one means of controlling the number of accidents and the cost of production, I believe that the place of the physical examination department shall be looked upon more and more as an absolutely essential part in any well regulated industrial organization. Also there will, as time goes on, be more emphasis laid upon the grading of workers as to their physical fitness to perform the work of the particular job for which they are hired. In industries where there are no physical examinations they will be required, and in industries now conducting such the work will be done with more care and precision.

MUST TAKE ON BROADER SCOPE

Physical examinations as now conducted in army, civil or industrial life are to keep out the physically unfit from that particular organization. The army refused the imperfect man, the life insurance company rejects the poor risk, and the industrial organization turns down the man liable to be injured at his work. Then we have the just passable class in industry which may be in the unfit class of tomorrow. Our physical examinations accordingly, in the future, must take on a broader scope—in other words, if they are to serve the community and industry as a whole they must build up some form of reconstruction work to be followed among their employes.

In this brief introduction we have seen the reasons why physical examinations have a place in industry, a glimpse of what their future must be, and a bird's-eye view of their present status.

From a paper, "Physical Examinations and Reconstruction Making Employes 100 Per Cent Efficient," read at the ninth annual Safety Congress, Milwaukee, October 1, 1920.

Now let us examine step by step how we provide for the safety of our employes in the elimination of the unfit and in the medical reconstruction.

The first step in the elimination of the unfit takes place in the employment office. It is the duty of the employment manager to hire those he deems good risks of industry—that is, men who have the necessary strength and energy to safely perform the duties of the jobs open, and to pass up the run-down and the physically unfit otherwise. This may seem a divergence from the subject, but it is a very important step and must not be overlooked. The doctor's office must ever stand as the friend of the plant workers. In fact, he must take the place of the employer as the caretaker of his injured employes. In the olden days in case of an accident, the boss went personally and looked after his hired man. But the times and conditions have changed with the rise of big industry.

In his examinations, the examining physician must stand as a reconstructionist, if confidence is to be placed upon his advice for the physical upbuilding of the one examined. If the doctor is seen as their true friend in the time of their physical disability there can be no more powerful influence in the getting of the good will of the employes. Therefore, the doctors should be called upon to reject very few men, in fact, only in case the disabilities are hidden. The employment manager must be held strictly accountable for the class of men he hires. It makes a much better impression with labor to pass up a man than to have him rejected because he cannot come up to the company's set rule. Under no circumstances should the employment man be allowed to pass the buck to the doctor's office for the rejection of all the unfit.

EXAMINE MEN AFTER THEY GO TO WORK

After the hiring of the applicant ultimately comes the physical test for fitness. The examinations may be conducted immediately and before the man goes to his job or after he has been on the job a few days. We examine our men after they have gone to work. Several obvious reasons present themselves for this procedure. First, it is easier to induce the men to go to work. They do not have ever in their mind that immediately following the acceptance of the job they will have to be subjected to a physical examination—a thing ever repulsive to the workers. This way they will be given a chance to see if they like their job and want to stay with it. Our experience is that the men don't mind the physical examinations so much after they are hired. In fact, a refusal is a rare thing.

Second, the examinations can be made more thoroughly and will be of greater benefit to the employes. Our big hiring day is Monday. The rest of the week is slow in comparison. Thus, if the doctor had to examine all of Monday's applicants on Monday, he could do nothing else but give them a very superficial examination. In very few cases could he actually take time to give advice. If the doctor has more time, he can advise each one personally. Also, he will have only as many as he can handle by calling the applicants from their work bigitized by

Third, examinations on which the doctor can spend time and give adequate counsel, create loyalty to the company and give the man a view that the company doctor is a real friend, not one who does just as little as possible because he is a company doctor.

The calling of the men up to the doctor's office is an ordinary matter of routine. First, the time office furnishes a list of the additions, transfers, and take-offs from the payroll to the examining physician's clerk. Then he makes up a list of the men required for examination. The record card of these transferred is automatically renumbered and refiled. The record cards of the take-offs are removed from the live file and placed in the dead file. The list of unexamined is sent to the different foremen by a messenger boy who goes to each and notifies him of the men he is to send to the doctor's office that day. The foreman gets a duplicate copy of the list and puts his name on the original list to show that he has been duly notified, and he is thus held responsible for sending those men to the examining room that day as he can spare his men. With each man is returned an O. K. card to show the foreman that the man has been to the doctor's office, examined and accepted.

The examinations are conducted more or less on the army style. We have the applicant remove his clothing. Every irregularity is diagnosed and noted on his record card. The examinations are thorough in every respect. Then at the bottom of the card we note our opinion of the safety risk and fitness of the applicant.

MANY PHYSICAL DEFECTS FOUND

During the month of July we made some rather broad studies of our physical examination findings, based upon the record cards of 855 men. It rather startled us at first to find so many defective men; however, in a study made by a life insurance company, it reported only a little over two per cent of the men they examined were found perfect. Out of this 855, we found sixty-eight men, or 8 per cent, had some defect of the hand or arm, such as amputated fingers, stiff joints, rheumatism, cut tendons, etc. Thirty-three men, or approximately 4 per cent, had some defects of the feet, as bunions, deformed toes, amputations, etc. Fifty-eight men, or about 7 per cent, possessed some varicose veins which, in most cases, are not now serious, but will, in old age, be a very serious annoyance. Two hundred sixty-two, or 30 per cent, were afflicted with flat feet. This includes from slight to extreme flat feet. One hundred fourteen men, or about 13.4 per cent, had some form of organic heart disease. Seventy-seven, or 9 per cent, possessed a hernia, either umbilical, single or double inguinal hernia. Seventy-six men, or 9 per cent, had piles. Nine men, or I per cent, were found to be blind in one eye. Taking 24/40 as a basis of poor vision, sixty-five were found to have poor vision in both eyes. Also, we found sixteen other defects of the eyes, such as strabismus, cataracts, nystagmus, ulcers of the eye, etc. Six men were found with some form of venereal diseases. In most of the cases the defects were minor and did not affect the efficiency of the worker to any great extent. However, they make him liable to accidents.

In a more recent examination at our car shops of 182 men, we found 55 defects which made the men employed in a more or less risk to the company. Of this number of men we classed 142 men as good safety risks. Thirty-four men as fair safety risks—that is, they were passable, and six were classed as poor risks, or below the standard to be employed.

The causes for which we reject men are: First, contagious diseases of various sorts, such as venereal diseases, tuberculosis and skin rashes and eye diseases. Second, poor

safety risks. This includes those who are more or less a safety risk to the plant, endangering their own well being or that of their fellow employes. In this class are hernias, very poor vision, paralysis, fits, and the like. When possible, we place this class of men in positions that do not require the same energy or strength as the ordinary job. Third, the physically undesirable, those who should not work at some particular class of work. This includes the weak lunged in the fertilizer or hair house, rheumatic people in the pork room, tripe room, freezers, where there are wet and cold conditions. In most of these cases we try to find something else open in our plant where this individual may work without injury to his health.

Our physical reconstruction work may be divided into three different classes. First, medical advice, (a) advice regarding simple medical treatment which they can do for themselves, and (b) advice to the work which they can and cannot perform to their physical well being. Second, medical and surgical aid. Third, advice and instruction as to free dispensaries.

For minor medical cases we often write a prescription. In many cases we recommend something that the man can buy at the drug store at a very small cost. This applies to skin rashes of a non-contagious nature, bronchitis, colds, etc.

In the case of bad varicose veins we either recommend that the man have an operation for the same or wear a rubber elastic stocking.

In the heart cases we give these men advice as to what kind of work they can do with safety to their health and also, general advice such as to avoid running upstairs and the like.

Our venereal cases are simply directed to go to a good physician and get a permanent cure or to go to a government or city dispensary and get the proper medical treatment there; also, to avoid quacks. In no case do we allow them in the food producing departments.

ADVICE GIVEN EMPLOYES

For hernias we advise operations. The young man we especially recommend an immediate operation while he is young and can easily undergo the operation. In the case of an old man we recommend that he get a truss. In all cases, we require either an operation or the wearing of a truss before they come back to work.

Also, we find a lot of men who have not been vaccinated, especially among the colored. Here we require vaccination either by their own doctors or the examining physician.

In case of failing vision we lay strong emphasis upon their securing of the proper glasses for their eyes. If they haven't the money to purchase the same, we send them to a certain eye dispensary where they have only to pay for the lenses.

The amount of ignorance prevailing among the ordinary workman is appalling as to where he can get free medical attention without cost or expense to himself. In most cases, this free medical attention is far better than he could afford. In the large cities there are hundreds of free dispensaries for every kind of ailment, dental, eye, operative, skin, lung, medical, etc.

Many workmen have serious defects often unsuspected by themselves. Many come in who have no idea as to the condition of their lungs, others as to their heart, etc. Most workmen do not realize the seriousness of having a hernia. We question them about it and advise the proper treatment, and they will come back invariably with the statement that it has never bothered them. Many would rather quit their job than buy and wear a truss, Many do not suspect at all

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Made in Standard Size in White Enameled Steel Ware, and Designated No. 40 Made in Standard Size in Gray Enameled Steel Ware, and Designated No. 30 Also Made in the Hospital Style with High Back-End in Porcelain in both the Standard and Child Sizes, and Designated No. 1 and No. 2

The "Perfection" is also made with Seam and Low Back-End at a little lower price in White Enameled Steel Ware (No. 4) and Gray Enameled Steel Ware (No. 3). These Pans are intended for Home Use. For Hospital Use we recommend the Seamless Pans. In addition to being more Sanitary they are more economical as the Seamed Pans commence to rust at the Seams.

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"Perfection" Male Urinal Much Superior to the Old Style Duck Shape

The Only Seamless Enameled Urinal

Entire Interior Visible and Accessible for Cleansing

HOLDS A FULL QUART IN ACTUAL USE. ALMOST DOUBLE THE CAPACITY OF ORDINARY URINALS

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THAT CONTENTS
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that they have a hernia, in fact, good sized hernia, until it it brought to their attention.

Then there should be physical examinations of the old employes at intervals, to reveal if there is an approaching disease. Many a disease, if caught at the beginning, can be forestalled or warded off. The great trouble is that most workmen allow the disease to get a great hold upon them before seeking proper medical service. In fact, statistics show that 650,000 workmen die every year from preventable disease.

FIND UNSUSPECTED DEFECTS

The finding of the unsuspected defects is the greatest good that can be derived from a physical examination department. Only in this way can the man, his company, or the community be able to help him in maintaining his health. If for no other reason, this aid to the individual employe will justify the existence of physical examinations in every industrial organization. Then the placing of men in jobs according to their strength and energy often saves the loss of life and limb. The saving of one life is worth the necessary expense of a whole department.

In conclusion, I wish to say that the hiring of men under a physical examination system is the only way of intelligently employing men. When the employer does not know the fitness of his men or the men do not know their own fitness, it is as though the blind hired the blind. Second, that physical examinations are not conducted to bar men from industry, but place them where the safety of their own well being is not endangered. Third, by the examination system only can the employer get at his men to carry on any kind of physical reconstruction work among his employes. Fourth, from the view point of efficiency, physical examinations are essential. To industries where they do not place their men according to their physical fitness, weak help is paid for very heavily. Fifth and last, from the view point of safety to the employes, physical examinations are not only absolutely essential, but should be required by the community for its own protection. No industry, because of its lack of oversight over its employes' physical condition, has a right to turn out men upon the community crippled and inefficient to be more or less a public charge.

Physical examinations pay from every point of view, safety, efficiency, humanitarian, and cold cash.

Medical Director Speaks

Dr. H. P. Hourigan, medical director of the Larkin Company, was a speaker at the fifth annual meeting of the Industrial Safety Congress of New York which was held in Syracuse, December 6, 7, 8 and 9. He outlined the medical service of the organization with which he is connected, his talk being illustrated with slides.

Auto Factory Has Hospital

An emergency hospital, with latest equipment and accessories, is located at the factory of the Chevrolet Motor Company of California in Oakland. The hospital is in charge of Miss Dorothy M. Magor, R. N. Dr. Guy Wallace, the consulting and visiting surgeon, is able to take care of the most serious accident at the Chevrolet hospital.

Hospital for Lumber Employes

The Loyal Legion of Loggers and Lumbermen, an organization of workers in the timber industry, has purchased the Aberdeen, Wash., General Hospital building and equipment at a cost of \$400,000. The institution will be enlarged and expanded to provide hospital facilities for lumber employes of that section.

Buda Co. Medical Service

Department Made 3,761 Physical Examinations of Employes During Its First Year

By Harvey M. Tupper, M. D., Surgeon to the Buda Company, Harvey, III.

The Buda Company of Harvey, Ill., engaged in the manufacture of gas engines and railroad supplies, employs about 2,200 men and 200 women.

August 1, 1919, was the date on which the medical department of the Buda Company really came into existence. Then a full time nurse was put on duty and the doctor is on duty at least one-half or more of the time during the day.

Four rooms are occupied by the medical department; one is a waiting room, one is used as a general dressing room, and for eye cases, and the third room contains the X-ray machine, a table where patients can lie down if they wish, and a desk. This is also the room where the applicants are given their physical examination. The fourth room is a fair sized dark room.

Every applicant for a position is examined before going to work. The examination given the men is the same as the army examination with the exception that the feet, mouth and rectum are not examined. All deviations from normal are noted and a record made. Hernias are rejected unless they are to be placed in a clerical position or unless they are such skilled workmen that it would be extremely difficult to find their equal in that particular line. Blindness of one eye is a cause for rejection; also any grave deformity where the applicant would endanger himself and be an added liability to the company. We try to have no set rules but use judgment as the cases arise. Decompensated hearts are rejected, while cases of chronic indocarditis with compensation are accepted and given light work. Of the 3.761 examinations, the monthly average of rejections ranged from 5 to 10 per cent.

One interesting finding was three cases of inguinal hernia that had been discharged from the army but a few days previously as being physically O. K.

The Buda Company is not an organized shop, and practically no trouble has been encountered in giving examinations. Only one applicant in 500 has refused to take the examination. The small amount of grumbling is greatly over-balanced by the satisfaction many of the applicants show in knowing they are physically sound. One common occurance is finding a normal vision in one eye while the other shows only about 20/80 or less, the applicant not knowing that either eye was defective. Very often a hernia is discovered that has not been known of before and the same with valvular lesions. One rejection was on account of an excessive number of scabies on the man's body. Surely, no one could do proper work and be in this condition to say nothing of the danger to his fellow workmen.

From the experience of the past year, one is led to believe that the value of a physical examination is greatly under-estimated. The defective employe is benefited by being placed in a position where further inquiry will not occur, or by being rejected, thus causing him to seek an occupation where safety to himself exists.

The normal employe is benefited by being assured that he is physically sound. As for the employers, if they carry their own insurance, the amount of compensation paid out is greatly reduced, and if they are insured, they are still benefited by having fewer men away from work by reason of physical disability. The cost of labor turnover is some times very high as the following example will illustrate: An old employe who had worked on a machine for years



Twenty lives — and the public blames us!

O()N'T see why they should blame us," said Mrs. Allison to the Secretary at the Trustees' Meeting. "We did everything for them up there. They were just like a big, happy family until this—this happened," and her voice broke a little.

It was the State Hospital. Everyone in the city was proud of their hospital. To serve on its Board of Trustees was an honor.

The building was well heated, well lighted, well furnished. The stairways were broad and easy to go up and down. There was a fire alarm and a coil of fibre hose in every corridor.

But a stealthy, creeping flame started in the basement at midnight. At two o'clock most of the first floor was a mass of flames. Then the alarm rang. Doctors, nurses, attendants, everyone worked with superhuman strength, like men and women inspired. They guided the weak and carried the helpless down the one passable stairway.

In spite of every effort, twenty lives were lost.

Next day the town rang with bitter denunciation of the Board of Managers—the charitable men and women who worked long and faithfully for the happiness of their patients.

It seemed so evident now to every intelligent man and woman in the community that just a half-hour's thought and planning for the installation of a Grinnell Sprinkler System would have prevented the tragedy. Twenty lives! What a cruel toll to pay for lack of foresight!

Fire has caused a loss of over forty million dollars in hospitals, schools, colleges and institutions in the last eight years. Add to these startling figures the fact that hundreds of lives have been lost through these same fires.

Then ask yourself: Are you doing all you can to safe-guard public property and life in your town?

Read "Fire Tragedies and Their Remedy"

If you are on a hospital board, a school board, a board of managers or in any position where a trusting public has placed human lives in your hands, it is clearly your duty to see that these lives are safeguarded. Send for "Fire Tragedies and Their Remedy." It costs just the price of a post card. Write us today, now, before you put aside this magazine. Address: Grinnell Company, Inc., 281 West Exchange Street, Providence, R. I.





COMPANY

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was temporarily disabled and a new man was substituted. Before he had become efficient, the new man had broken \$175 worth of steel drills. After the physical examination, the applicant returns to the employment office where he receives his time card and other instructions.

Following is a tabulation of the injuries, infections and redressings for the year ending August 1, 1920, taken from the 1st annual report of the medical department:

Lacerations1650
Redressings4539
Foreign bodies on conjunctiva of eye 432
Foreign bodies in cornea of eye1261
Conjunctivitis of eye 477
Puncture wounds
Contusions 352
Boils 60
Burns 193
Abscesses 223
Styes 19
Fractures 16
Sprains 124
Hernia 8
Deaths 2
Amputations 10
Abrasions 31
Examinations3761

The total by months is: August, 1919, 990; September 1145. October 1289, November 1128, December 865, January, 1520, 1099; February 1074, March 1310, April 1078, May 1275, June 1399, July 743.

The lacerations are practically all treated in the same way. Nearly all the men came in contact with a great deal of oil and grease which is an excellent carrier of infection. First, the part is thoroughly cleansed with soap and water, then with either alcohol or gasoline. If a finger is injured the entire hand is cleaned, likewise a foot, if a toe is injured. After drying, Dichloramine-T is thoroughly applied to the wound and sterile dressing applied. If stitches are required no drainage is ever used, although if any devitalized tissue be present, it is trimmed away. Using the above treatment I have had but two infections.

In our redressings Dichloramine-T is used, also Flavisol. If a raw surface is present, patients greatly appreciate the use of Abbot's parresine mesh.

When foreign bodies are removed from the cornea, a 4 per cent cocaine sol. is used followed by 25 per cent augyrol and sat. sol. of boric acid. In 2,170 eye cases it was necessary to send but 12 to an occulist.

In puncture wounds of any severity, the point of entrance is slightly enlarged by trimming away the edge and an iodine swab inserted to the bottom of the wound. No drain is ever used.

In contusions of the knee joint with any enlargement, the patient is sent home and instructed to put no weight on the affected leg until both knees are equal in size by measurement. This may not always seem necessary, but we believe from our experience that much subsequent disability may be prevented in this way. Most of the 193 burns were slight, the severe ones resulting from molten metal. At the first dressing, zinc oxide was always used and subsequently Dichloramine-T with parresine mesh occasionally altering with a wax dressing. The initial dressing of zinc oxide is used as it seems to give more comfort to the patient than any other form of dressing.

In a few bad infections which have resulted from the men not having the first aid done at the time of the accident, Dakin's solution was used.

One death resulted from a basal skull fracture and one from a cervical dislocation of the vertebrae. The amputations were all either fingers or toes.

How to Reduce Fatigue

Proper Arrangements of Work, Rest Periods and Other Practical Methods Being Followed

By Frank B. Gilbreth, LL.D., and L. H. Gilbreth, Ph.D.

[Editor's Note: The accompanying article is from a paper read at the Ninth Annual Safety Congress at Milwaukee, September 27-(October 1, 1920.]

At the present stage in the progress of fatigue elimination, not much will be gained by disputes as to the relative efficiency of various methods and devices.

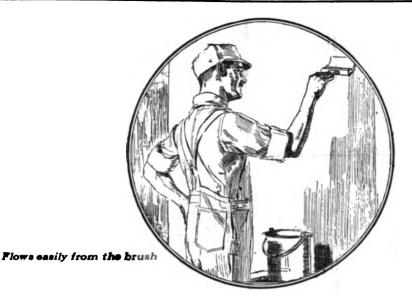
The important thing is to eliminate at once all unnecessary fatigue that can be located, and to insure that the worker is not fatigued by the day's work beyond the point where he or she can recuperate completely during a night's rest.

Those interested in the subject are acquainted with the necessity of making a fatigue survey to determine what is being done along these lines and what can profitably be done; with the benefits of a "museum" where fatigue eliminating devices from all sources may be collected through photographs, drawings, and preferably models; with the necessity of arranging all possible work so that it can be done part of the time standing and part of the time sitting; with the importance of supplying work chairs and rest chairs, fitting the special demands of the work, and the needs for recuperation from it; and with the importance of rest periods

DISPUTES OVER REST PERIOD

Too much time has been spent lately in disputes over the necessity for and duration of rest periods. The scientific determination of the need for and the length of such periods is no work for an amateur. Best practice demands that such periods be introduced wherever there is a question as to the fatigue of the worker, with an undertsanding that the arrangement is temporary. Further investigations may show that the work provides sufficient rest periods because of unavoidable delays or that a change in methods may make different rest periods desirable. No one has a right to discredit or discard rest periods after a half-hearted attempt to install them. Usually when changes are made, so many factors are involved that it is almost impossible to place the blame for a failure where it belongs, and too often it is attributed to the rest period, which has probably been introduced in spite of the opposition of some, who are only too glad to accent anything that may seem to discredit it.

The benefit of change in posture, the influence of lighting, heating and other work conditions are well understood. These are all very practical aspects of the work. Equally practical, though perhaps not so well understood, is the new attitude toward work that is a part of fatigue elimination. Viewed from the fatigue study standpoint, which is closely related to the motion study standpoint, all work becomes interesting-becomes a worth-while subject to investigate. Unless already investigated and standardized through motion study, the work method under inspection is probably wrong, and offers a field for improvement. The problem may be considered in various ways; for example. as one of: first, worker; second, surrounding conditions and tools; third, motions. Again, as a problem of decisions and motions, each part of it may be considered as consisting of three types of motions: first, those almost beyond the capability of the one performing the work, but which may be learned by him, and which require the best in him; second, those well within the grasp of the person doing the work, which he may easily reduce to habit and perform with ease and pleasure; third, those extremely simple for the one doing the work, which may well be passed over to some one of less experience, training or capability. Again, the



Three points to consider—

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- 1. Will it turn yellow-or remain white?
- 2. Will it flake off-or stay on?
- 3. Will it collect dirt-or stay clean?

NY white paint looks well when first applied—but how long will it stand up under actual service conditions? How will it look after it has been on the walls for six months or a year?

These are the questions you have got to answer before you choose the paint for your kitchens, bathrooms, laundries, power houses and other interiors where light and cleanliness are desirable.

A flat finish paint has a rough, porous surface that is bound to collect dust and dirt. Once soiled it can never be properly cleaned. Washing or brushing merely drives the dirt still deeper into the thousands of little pores and crevices.

In many paints, particularly flat paints, there is not enough nonvolatile liquid, or "binder," to get a proper grip on the wall. Such paints chip off and scale, giving added expense instead of service.

Ordinary gloss surface paints soon turn yellow, thus robbing you of light and necessitating frequent repainting.

By our exclusive process we have produced a paint which avoids all these dangers—a high gloss paint of intense and lasting whiteness.

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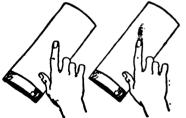
We guarantee that Barreled Sunlight—the Rice Process Mill White—will remain white longer than any other gloss paint. Its smooth, glossy surface is highly resistant to all forms of dust and dirt, and may be washed clean, like tile.

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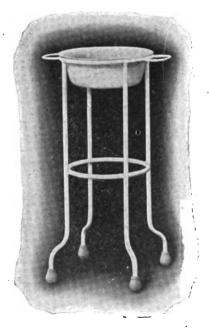
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work may be considered as consisting of cycles of motions, the motion cycle having sixteen elements in different combinations. These elements are: search, find, select, grasp, position, assemble, use, dissemble, or take apart, inspect, transport, loaded, pre-position for next operation, release load, transport empty, unavoidable delay, avoidable delay, and rest for overcoming fatigue. Again, the work consists of the motions, and the resulting fatigue—the problem being to accomplish the work with those motions which are produced with least fatigue.

DEVISE ONE BEST WAY

Some of the investigations suggested by these methods of attack upon the problem require intensive training and special apparatus. Many, however, may be made without special training and with no apparatus, through keen observation and interest in the subject. The fundamental idea is to think in elements of motions and the resulting fatigue, with the aim of devising the one best way to do the work. In order that this may be most profitable, a laboratory, or at least a laboratory trained worker, to measure and coordinate the findings of the thinkers will mean most economy of effort and most profitable and permanent results. Such laboratories and such workers are becoming more and more a part of industry. The supply will meet the demand, and will be forth-coming quickest when everyone interested in fatigue goes through the preliminary stages of waste elimination for his own work processes, in the plant and out.

Investigations in the science of fatigue elimination are going on everywhere. The Society of Industrial Engineers has established an international committee for the investigation of problems of eliminating unnecessary fatigue in the industries. This committee is collecting data on fatigue elimination in all countries and is glad to co-operate with all interested in the subject, to receive into its membership a representative of any body interested in the subject, and to place its findings at the disposal of everyone. Data are being collected in the fields of psychology, physiology, psychiatry and the allied sciences. Thinkers in all countries are attacking the problem. We are bound to have the facts placed at our disposal. The important thing is to introduce broadcast the practice of studying actively with the aim of eliminating fatigue and of supplying fatigue eliminating methods and devices at the earliest possible mo-

If every member of the community would study his own activities for one day, and try to carry out the improvements that are bound to suggest themselves, no matter in what amateur fashion, the solution of the problem of climinating unnecessary fatigue would be assured.

Daily Average Increases

The number of patients treated at Harrisburg, Pa., Hospital has increased materially, according to the annual report. In 1909 the daily census showed an average of 80 patients, while in 1919 the daily average was 120. Another big increase was shown in the free patients. During 1909 the number totaled 876, advancing to 1,287 in 1919. The advance in the per capita cost was from \$1.55 a day in 1909 to \$2.95 in 1919.

Nurses' Home Dedicated

About 2,000 persons were present at the recent dedication of the new nurses' home of Beth Israel Hospital, Newark, N. J. The home will accommodate thirty nurses. Salary increases for pupil nurses at this hospital became effective last month and give first year nurses \$20 and second and third year students \$25 and \$30 a month respectively.

Hospital for Veterans

Fort William Henry Harrison, near Helena, Mont., is being converted into a general hospital for the rehabilitation of disabled veterans from the northwestern states.

Adrenalin in Medicine

4—Treatment of Hemorrhage

In the control of all kinds of hemorrhage, with the exception of that following chloroform narcosis, Adrenalin is an efficient aid. The object of hemostatic treatment is to constrict the lumen of the bleeding vessels, thereby retarding the flow of blood and facilitating the formation of a clot which acts as a plug and arrests the hemorrhage.

Adrenalin is effective not only by virtue of its obvious vasoconstrictor action, but also because it shortens the coagulation time. This has been demonstrated by Cannon and his co-workers to be true particularly when small doses are injected intravenously or even subcutaneously.

In severe hemorrhages one drachm of Adrenalin 1:1000 in a pint of hot salt solution may be given by hypodermoclysis in the subcutaneous tissue under the breast or by infusion directly into a vein. This is not a large dose of Adrenalin if the hypodermoclysis or the infusion is given slowly.

Adrenalin is oxidized in the circulation so rapidly that the result of this injection is not the tumult-

uous effect that would be expected of one drachm of Adrenalin; it is rather the evenly sustained effect of a few minims. Adrenalin restores and maintains the arterial tension, and the volume of fluid introduced into the almost exsanguinated vessels gives the heart something upon which to contract.

Superficial hemorrhages and others which, because of their location, are readily accessible may be treated by the topical application of previously moistened compresses to which are added a few drops of Adrenalin 1:1000. In the category of hemorrhages which are amenable to this local measure are those of the nose, mouth, throat, ear, vagina, uterus, and rectum.

In hematemesis give by mouth about one drachm of the 1:1000 solution. The ingestion of the remedy in this case brings it into immediate contact with the bleeding vessels. In hematuria the injection into the bladder of an ounce or two of a solution of Adrenalin 1:5000 or 1:10,000 is frequently effective.

Because of its vasoconstrictor action, Adrenalin is utilized also as an application to mucous membranes which are the sites of vascular engorgement or in-

flammation. Dilution to 1:5000 is proper when Adrenalin is used for this purpose.

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The Question Box

Problems in Hospital Administration Dealt With From the Practical Side

To the Editor:

When a hospital has (1) a superintendent of the training school, (2) a theoretical instructress, and (3) a practical instructress, how should the work be divided among these three persons and what relationship should this training department have with the practical work of the hospital? We would like to know especially how to differentiate the duties of the assistant superintendent in charge of the hospital operating and the training school work.

We wish especially to list the routine or the work of each so that there is no overlapping. Is it necessary for those connected with the training school department to spend much or any of their time in the hospital, and if so, what would be their work? In other words, can the students be looked after without too much oversight in the hospital from the instructress?

AN EASTERN SUBSCRIBER.

The superintendent of the training school is the executive head of the training school and has charge of the theoretical as well as the practical work. The duties of the theoretical instructress should be to teach some of the classes, attend all of them, including the lectures, and arrange for the theoretical work, under the direction of the superintendent of the training school. The practical instructress could well be the assistant of the theoretical instructress and go on to the floors of the hospital to see that the nursing as taught in the class is carried out in the actual work of the hospital.

It might not be wise for this practical instructress to be clothed with sufficient authority to compel the head nurses on the floor to practice nursing as she directs, but rather to point out to the head nurse how the nursing is being taught in the class room, and when there is any conflict between the theory and the practice, to bring the matter to the superintendent of the training school, who should decide whether the practice or the teaching should be changed.

The assistant superintendent of nurses, who is in charge of hospital operation, must, of course, take her orders from the superintendent of the training school and her effort should be to co-operate with the instructress and to harmonize the theoretical and practical work.

It is difficult to understand how these various heads can work successfully in a hospital without their duties overlapping.

Where the class rooms of the training school are in the nurses' home the instructress will spend most of her time in the class room unless she conducts bed-side teaching.

The disciplining of nurses should be left to the superintendent of the training school. It, of course, is the duty of the instructress to report infractions of rules coming under her observation to the superintendent of the training school.

To the Editor: Our institution has complied with the conditions of the hospital standardization program of the American College of Surgeons, yet it was not named on the list of approved hospitals recently issued. Several other institutions also were not included in this list and we would like to know just what this list represented.

ORTHOPEDIC HOSPITAL.

The list of approved hospitals of the American College of Surgeons which was published in Hospital Management in October represented only the general hospitals of 100 beds or more that had complied with the standardization conditions. Names of special hospitals meeting these requirements have not been made public to date.



GALLON PACKAGE

THE EASY AND SURE WAY FOR THE NURSE

Among the dishes which the nurse likes to prepare are the refreshing and attractive salads of which the foundation is Jell-O. These are made by adding to the Jell-O chopped celery and bits of fruit and nutmeats. They are moulded in teacups or little moulds and each is turned out on a lettuce leaf.

Such a dish may be called a salad or a dessert and be very good as either. If served as a salad, Mayonnaise or other salad dressing goes with it.

As made of Jell-O, which contains all the ingredients that would have to be added if plain gelatine were used, there is a great saving of time and labor, and the result is always satisfactory. The nurse who uses Jell-O for her dainty dishes is never obliged to depend upon luck.

She can easily and surely accomplish what she used to do with tedious detail and with qualms as to the outcome.

Jell-O is made in six pure fruit flavors: Strawberry, Raspberry, Lemon, Orange, Cherry, Chocolate.

The new Special Package for hospital use contains enough Jell-O to make four quarts of jelly as against one pint of the regular small size.

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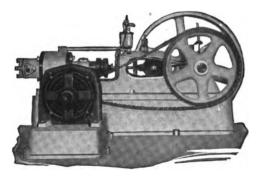
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Watch Your Sterilizers

Care All that Protects Hospitals from Suits Arising from Post-operative Infection

The importance of careful sterilization is emphasized in a recent bulletin of the American Hospital Association issued by Secretary Warner, which calls attention to a letter received by a manufacturer of sterilizer controls from a lawyer whose client's daughter had died in a hospital from post-operative infection. The letter asked if this institution was using a certain kind of controls and raised the question of whether the hospitals are giving the matter of sterilization sufficient care and attention to meet the "reasonable precautions," as intended by law, the lack of which leaves no protection from damage suits.

"This question each hospital must answer as to its routine and must recognize that the care used is all that protects it from damages arising out of the post-operative infections which are likely to occur at any time," the bulletin continues, and lists the following suggestions regarding sterilization that were made by manufacturers of sterilizers:

"Faulty sterilization occurs in two ways:

"First—The sterilizers becoming so out of order that the steam does not reach the inner chamber. One case was reported wherein it was certain that no steam had reached the inner chamber of the sterilizer (daily used) for over a year.

"Second—Misuse of sterilizers through ignorance of the instrument and the principles of sterilization. Several reports were presented of cases in which the steam had been curtailed in amount or entirely cut off from the inner chamber 'because it wet the dressings.' This had been done by the nurse or orderly entirely on their own responsibility, yet it is doubtful if this would in any way protect the hospital in case of suit as 'reasonable precautions' to protect the patient had clearly not been taken.

"With the recognition that the institution is strictly responsible for the effectiveness of the sterilization and that errors inviting damage suits are now occurring the following principles and methods are presented. All these will be found in routine use in some hospitals:

"I. An ordinary recording steam gauge should be connected with the inner chamber of the sterilizer if not already a part of the equipment. These gauges are inexpensive, obtained anywhere and easily attached. They are kept locked and the paper dial changed every twenty-four hours by a responsible person. The record is accurate as to the steam and vacuum pressure on the inner chamber throughout the day. One may discern at a glance if the sterilizer is in perfect order and if each sterilization has been proper and if the steam pressure and vacuum drying was continued for adequate time. It prevents the hurrying of the last load, etc. The daily records should be filed in the superintendent's office and routinely inspected.

"2. Sterilizing controls, as are now quite generally used in hospitals, are beyond any question reliable in determining whether sterilizing temperature surrounding the control has been attained and maintained sufficient time to insure sterilization. With these controls it is possible definitely to determine whether your routine can sterilize the middle of the package of three sheets or six. The difficulty of heat penetration into compact packages can be studied by these controls and the routine of the hospital in the preparation of packages for the sterilizer can be made such as to insure heat penetration and make sterilization certain.

"3. The above precautions will make it certain that any package which goes through the sterilizing process is absolutely sterile. One must however, protect against con-

NOTICE

SHERMAN'S VACCINES

ARE NOW SUPPLIED IN A NEW 10 MIL. (C. C.) CONTAINER

This package has many superior features which assure asepsis, prevent leakage and facilitate the removal of contents. It is constructed on the well known Sherman principle.

The vial is amply strong which prevents breakage so frequent with shell vials.

We are exclusive and pioneer producers of Bacterial Vaccines. Originators of the aseptic bulk package. Pioneer in elucidation, experimentation and clinical demonstration.

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10 Mil. (c.c.)

Twenty Preparations.

Beyond the experimental stage.

Millions of doses have been administered.



"Sherman's Vaccines are Dependable Anti-ens"

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The Margin That Made the

AMERICAN

ITISTORY tells us of men who, through the impetus of the mighty, worked harder and longer than the other fellow, thereby through a margin of minutes or hours, attained the achievement of being "better."

¶ And so it is with "AMERICAN" Sterilizers and Disinfectors—for over a quarter century every ounce of endeavor has been used to make of these apparatus embodying every essential for safety, efficiency and economy, until today the "AMERICAN" has attained a standard by which others are judged.

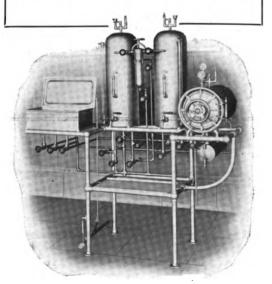
¶The supreme satisfaction which "AMERI-CAN" Sterilizers and Disinfectors are giving others can just as truly be had by you.

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"AMERICAN"
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tamination after sterilization and be certain that every dressing and article used as sterile has been through the sterilizing process.

"4. Contamination of an unopened package after sterilization is possible only through insufficient covering and exposure to dust before drying. Care must be used to insure against thin wrappers or wrappers with small holes—two thicknesses of cloth outside of the dressings are much better than one. Unless the vacuum of the sterilizer is in good working order dressings will come from steam sterilization too wet for immediate handling. This can be corrected by shutting the steam from the inner chamber completely at the end of sterilization and leaving the dressing inside the sterilizer with the door open and the steam pressure on the outer jacket until dry.

"5. In the preparation and handling of packages for sterilization there are many possibilities of a package not sterilized becoming mixed in with sterile packages. It is possible to determine whether a package has been actually through the sterilizing process or not when it is opened at the operating table in the following way: Place inside each package a slip of paper on which the date on which the package was prepared for sterilization has been written or stamped in any indelible, silver ink which writes red (obtainable everywhere.) These inks will remain red wrapped in a package of linen almost indefinitely, if not sterilized. The heat from sterilization turns the color to black and the moisture causes the ink to run in the paper enough so that a slip blackened by a steam sterilization can readily be distinguished from a slip blackened from dry heat or from long light exposure. This method is quite inexpensive, but satisfactory. The following story was obtained from a hospital using these slips and where it was first supposed that it was impossible for non-sterile packages of linen to get mixed with the sterile: Non-sterile packages, as shown by red slips, are being opened in the operating room about one a month and it can never be explained how they got mixed

"At one time a whole load of non-sterile packages was put in the cupboards with the sterile linen and detected and sorted out, as opened, by the slips. While this may to some seem surprising it should be said that the nurses and operating room attendants of this particular hospital clearly rank among the very best of this country. Therefore, it is likely that slips in the handling of packages are occuring in many hospitals. This can and should be detected before damage is done by the use of these silver inked slips, or perhaps by some other devices. However, no devices other than sterilizer controls first mentioned and these paper slips with the silver ink have come to our attention."

Four General Army Hospitals

Four general army hospitals and one tuberculosis hospital were discontinued by the army during October, according to army officials, leaving only four general hospitals in operation, Army and Navy General, Hot Springs. Ark.: Fitzsimmons General, Denver; Walter Reed General, Washington, and Letterman General, San Francisco.

During the month of April, 1919, there were 66,640 soldier patients undergoing treatment in the large army general hospitals, and of this number 28,500, or 43 per cent, were receiving the benefits of the army reconstruction service. By December this number had fallen to 17,950, of whom 11,875, or 66 per cent, were undergoing reconstruction.

In July, 1920, 6,751 remained, and of these 4,808, or 71 per cent, were undergoing reconstruction. According to the latest figures obtainable, there are only 3,029 enlisted men, and 457 officers remaining under treatment in the army general hospitals.

* * Quality * * *

You pay a price for "White Line" Hospital Furniture and Sterilizing Apparatus consistent with the proven merit of "White Line" Equipment—a price carefully computed from actual manufacturing and administrative costs.

You cannot purchase a cheap piece of "White Line" Apparatus, because cheapness is a factor not permitted to enter into the construction of "White Line" Equipment.

The value received in purchasing "White Line" Equipment is the greatest possible value that can be given.

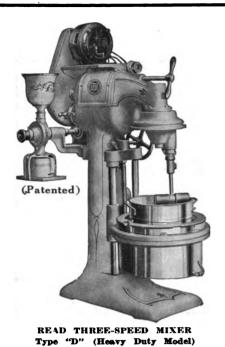
Each piece of the equipment is so built and finished as to insure long years of highly satisfactory service.

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MANUFACTURERS OF THE

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A Prominent Chef Says:

that Hospitals should give more attention to the installation of equipment in their Kitchen Departments, especially so when dependable mechanical help can be so easily secured, such as the

Read Three-Speed Mixer

This machine has been installed in practically every large Hospital of recent construction and it is the modern Hospital with the modern idea that takes advantage of every opportunity to increase the efficiency of the Kitchen Department.

The Read Three-Speed Mixer gives years of honest service at a low cost of operation. This mixer is used for innumerable purposes: mixing bread, roll and pie doughs, cake batches. mashing potatoes and vegetables, whipping cream, mixing and sieving soups, purees and jellies.

The auxiliary drive operates a Coffee Grinder. Meat Grinder, Vegetable Slicer and many other attachments.

There is a model to meet the requirements of Hospitals either large or small.

All Inquiries Given Prompt and Courteous
Attention

Read Machinery Company YORK, PA.

MANUFACTURERS
Kitchen Machines and Bakery Outfits

Santo Tomas Hospital

(Continued from Page 51)

"The furniture and apparatus necessary for the original equipment shall be purchased by the purchasing agent of the Isthmian Canal Commission and paid for by the funds of the commission."

This extract shows clearly the joint management of the Santo Tomas Hospital, which was accomplished and made effective by decree No. 71, October 17, 1905, and signed by Dr. Manuel Amador Guerrero, first president of the Republic of Panama.

Since that date the management of the institution has continued along practically the same lines, subject to only minor alterations from time to time that have been made necessary by changing conditions. With the hospital remodeled and re-equipped and with the addition of new personnel, consisting of graduate nurses and a trained superintendent, conditions began to improve rapidly and steady progress has been noted until the present time. With the greater efficiency of the hospital the number of admissions has increased yearly until at present it maintains constantly around 500 patients of the class usually handled by any general city hospital. The staff of the institution consists of 16 physicians, of whom 12 are full-time men, while 4 are visiting physicians. All of these doctors are graduates of American schools and have served internships in the United States before employment here. With the exception of six physicians who are Americans, the entire staff is composed of Panamanian gentlemen, all speaking English fluently and practically all being conversant with the French language in addition to their own. Most of them have been abroad for post-graduate study and on the whole are extremely capable professional men. Four interns are secured each June from different medical schools and given one year's rotating service.

The professional work of the hospital is divided into six services—surgical and X-ray, medical, gynecological, maternity and pediatrics, genito-urinary and laboratory. Each of these sections is in charge of a chief with a suitable number of assistants. Complete standard case histories are taken on all admissions and full records and statistics are fully compiled into valuable data.

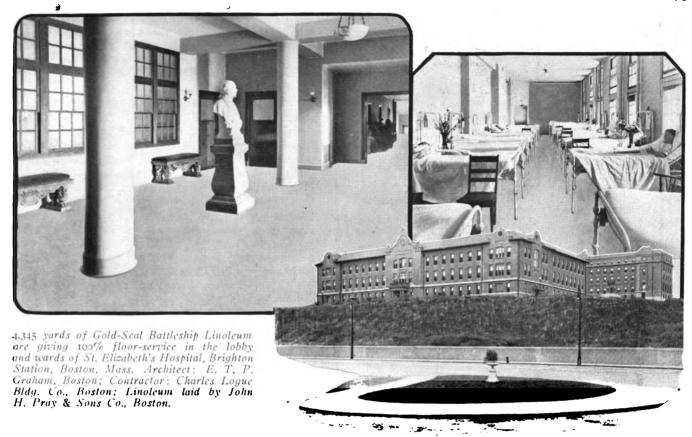
An up-to-date X-Ray laboratory is maintained in the institution in which are prepared radiographs and flouroscopic views of any conditions needing such examinations which arise in the hospital. Treatments are also given in this department and a small quantity of radium is being purchased at an early date to add to the equipment for this line of work.

All routine laboratory work for the institution is done in the hospital laboratory. This department in addition performs an autopsy upon the cadaver of each patient that dies, as well as performing a Wasserman test on practically every admission to the institution. Microscopical pathology and serological work are also done to a large extent.

The administration of the institution is carried on by the superintendent and office force and the chief nurse and her assistants. An efficient system of accounting and bookkeeping is maintained together with an accurate property account of all supplies and equipment used by the institution.

The nursing staff of the institution is composed of twelve graduate American nurses, twelve graduate Panamanian nurses and thirty-five under-graduate pupil nurses. On December 14, 1908, the president of the republic issued a decree authorizing the establishment of a training school for thirty native pupil nurses and upon this basis the modern training school of the hospital is maintained today.

A free dispensary and pharmacy also is maintained in which are treated approximately 2,000 patients each month.



Hospital Floor-Covering that is Built for Comfort—

COLD-SEAL Battleship Linoleum combines with its toughness and durability the comfort of resilience. Comfort not only for the sick, with its restful brown tone and sound-deadening quality. but for the busy nurses and doctors who spend the greater part of the day on their feet.

The officials of St. Elizabeth's Hospital of Boston are using this floor-covering not only in the lobby for its restful dignity, but also in the wards for its durability, quietness and sanitary advantages.

The rigid U. S. Navy standards which Gold-Scal Battleship Linoleum overtops, and the broad, reliable guarantee are meeting with the approval of many hospital executives the country over.

Every yard is sold on the basis of "Satisfaction Guaranteed or Your Money Back."

Gold-Seal Cork Carpet

Gold-Seal Cork Carpet is especially made for those places where absolute silence is desired. It is springy, as noiseless and comfortable underfoot as the pile of a heavy woven rug. Obtainable in restful shades of green, brown and terra cotta—with polished or unpolished surface—10 shades in all. Of course it, too, is guaranteed.

Write our nearest office for further information and samples of these quality floor-coverings.

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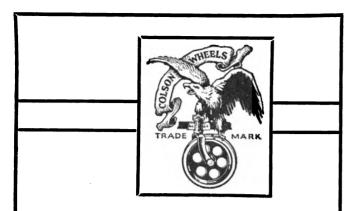
Battleship Linoleum

(THE FAMOUS FARR & BAILEY BRAND)

Made According to U.S.Navy Standard

Be Sure to
Look For
the
Gold Seal



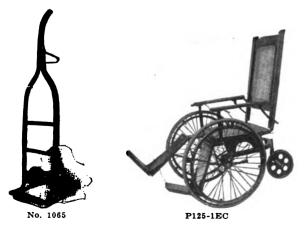


IT is a remarkable line of trucks that Colson MAKES with his ball-bearing wheels.

NO truck problem seems to make any DIFFERENCE Simply a question of WHAT you want. He will specialize on YOUR individual truck problems and REQUIREMENTS

ARE your trucks quiet? Then why not IN-vest in a good ball-bearing, rubber-tired QUIET easy running line?
TRUCKS are Trucks these days.
WE make the best there is to be had.
CAN you afford noisy trucks while you SIIDDIV your patients with every

SUPPLY your patients with every other comfort?
YOU are the Doctor. We are only the pills.



The Colson Co. Elyria, Ohio, U.S.A.

An additional feature of the hospital is the venereal clinic which was inaugurated on August 25, 1919. This department is for the purpose of treating absolutely free any individual who applies for it and is operated on the same plan as similar clinics in the United States under the supervision of the United States public health service.

An average of approximately 20,000 patients are treated in the Santo Tomas Hospital yearly. These patients represent practically all nationalities of the world and all diseases to which mankind is heir are seen within the walls of the institution. While the equipment, supplies and facilities generally are not absolutely ideal, it is on the whole a first-class hospital and one which fills a large place in the busy world of the Republic of Panama and the canal zone. Many changes are needed to bring this institution up to its highest efficiency, but owing to financial shortages it has not been considered advisable to attempt too much in the past, but with the coming of the new Santo Tomas Hospital an ideal institution may be expected.

THE NEW SANTO TOMAS HOSPITAL

The present hospital is located at Sixteenth and B streets, in one of the noisest and dirtiest parts of the ctiy of Panama. Just in front of the main entrance is the tramway line, where the car makes a noisy turn; street dealers shout their wares on every side, while during carnival time and other days of fiesta the street noise is most terrific. Due to the central location of the hospital the heat from adjacent structures is terrible. The present buildings are poorly arranged, owing to the date of construction and to the fact that new ones have been added from time to time, making the whole group an admirable fire-trap during the dry season. Owing to the arrangement and the great age of many buildings it is absolutely impossible to maintain the desired cleanliness and modern sanitary conditions. For these reasons it has always been most desirable to remove the Santo Tomas Hospital from its present location.

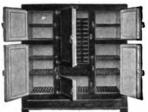
For many years it has been the hope ond dream of the presidents of the republic to construct a new and modern institution. However, owing to numerous political movements, financial deficiencies and other changes, it has never been possible to make this project a reality until the year 1919. At that time the national treasury of the republic was receiving approximately \$25,000 per month from the liquor tax and the national lottery and with this money it was decided to commence the construction of the new hospital building. Several sites around the city were investigated and it was finally decided to construct the new institution at a site known as El Hatillo, which is a high point facing the Pacific Ocean, just without the suburbs of the city of Panama. The official ground breaking took place on November 15, 1919, and the construction work is now well under way.

The layout of the institution will cover approximately fourteen acres or nine city blocks, and when completed will ultimately cost \$1,000,000. The buildings, which will be twelve in number, will be arranged in rectangular form, fronted by the main building, which will face the sea, and flanked on either side by annexes and a contagious and tuberculosis section. The buildings will be of reinforced concrete and concrete blocks and the whole layout will be linked together with a mesh-work of streets and sidewalks, affording easy access to every part of the grounds. A retaining seawall is being constructed along the entire frontage of the institution, which will control the unusually high tide that is present on this part of the Pacific coast. The space of four acres just between the front of the hospital and the seawall will be occupied by ornamental gardens filled with tropical plants and flowers, with a fountain in the center. Just in front of the main building will be placed a flag-

<u> IIG:O-NIER</u>

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Special refrigerators made to order.

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We want the above catalogs to reach every hospital superintendent in America, if you have not received yours, we will send them for the asking (no charge).

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Cellucotton is five times as absorbent as the best grade of cotton. It sterilizes as easily and successfully as cotton. It is made of pure wood pulp.

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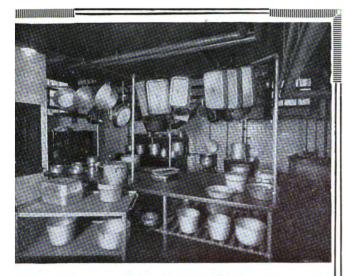
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Kitchen of Allentown State Hospital

(Allentown, Pa.)

Is Equipped with

"Wear-Ever"

Aluminum Cooking Utensils

The appearance of a hospital's kitchen is an index to the standards prevailing in all departments.

At first glance, a kitchen equipped with "Wear-Ever" aluminum cooking utensils proclaims its modern character and suggests more than ordinary care by the management in the selection of hospital furnishings. It is significant that the large list of hospitals equipped with "Wear-Ever" is increasing daily.



Replace utensils that wear out with utensils that "Wear-Ever"



The Aluminum Cooking Utensil Co. New Kensington, Pa.

> In Canada "Wear-Ever" utensils are made by Northern Aluminum Co., Limited, Toronto, Ont.

staff which will bear aloft the national emblem of red, white and blue. From Panama City an elegant boulevard is being constructed along the sea shore to the front of the new institution, and the lands adjacent to the hospital grounds are being filled and leveled in order to make the surroundings sanitary.

The main building of the new hospital will be 210 feet in length, 60 feet in width and four stories high, and will be augmented by three annexes of practically similar size which will be joined by corridors to the main building. The venereal, infectious diseases and tuberculosis sections will be separate buildings, or in reality, hospitals in themselves, each having a capacity of approximately 100 patients. The total capacity of the entire institution will be 600 patients normally with facilities for emergency crisis expansion to 900 patients. Adequate quarters are being provided for the several staffs of doctors and nurses and separate buildings are under construction for the laboratory, morgue, power house, kitchen, shops and garages. A laundry and bakery will be included in the utilities of the new institution. Class rooms for the nurses' training school and for the post-graduate school of tropical medicine which is contemplated will also be included in a separate building.

Modern equipment and facilities will be installed throughout the new institution. Sound-proof walls, silent bell call system, floor lights and inclosed clothes chutes will be installed in each of the hospital buildings. The hospital will be equipped with four large operating rooms connected with the X-Ray suite, and the surgical equipment in these departments will be modern in every way. The entire fourth floor of the main building will be devoted to the surgical and X-Ray suites, the third and second floors to medical and surgical wards and the first floor to offices, library and class rooms. The entire basement of the main building will be occupied by the dispensaries, venereal and dental clinics. A radium department will be a feature of the surgical suite and hydro and electro-therapeutic installations will also be added to the institution.

The appliances and accessories for use in equipping the institution will be purchased new in the United States and when finished the Santo Tomas Hospital will undoubtedly be the finest institution south of the United States.

Connecticut Association Meets

A meeting of the Connecticutt Hospital Association was held November 18 at Hartford. It was in the nature of an executive committee meeting to consider changes in the constitution and by-laws and to get reports from the different committees. One of the main objects of the meeting was to ascertain as far as possible the need in Connecticut of a home for chronic and incurable cases, in order to release as many beds as possible in the general hospitals that are now occupied by this type of cases; also to get a report from the committee appointed to adjust with the different insurance companies the rates for the care of compensation cases. A bill providing for the care of chronic and incurable cases will be presented to the general assembly in January, sponsored and strongly endorsed by the association.

Chicago Dietitians Hear Report

A report on the recent convention of the American Dietetic Association featured the November meeting of the Chicago Dietitians Association which was held November 26 at 22 East Ontario street. Miss Mabel Little, dietitian, Marshall Field & Co., tea room, and Miss Ruth Cornman of U. S. P. H. S. Hospital made the principal talks. The December meeting, to be held December 17, will be featured by a discussion of "Institutional Dietetics."

Hospital for Negroes

St. Luke's Hospital at Greenville, S. C., has been opened for the treatment of negro patients. Mary H. Bright, R. N., formerly superintendent of Good Samaritan Hospital, Greenville, S. C., is superintendent.

X-Ray Uses



The Original

The Best Test Meal with Barium Sulphate in Gastro-Intestinal Diagnosis

The combination that is endorsed by leading operators, because of its many advantages.

Literature and trial quantity prepaid upon request

HORLICK'S, Racine, Wis.

The Only Question As To Lungmotors

The Lungmotor has demonstrated its indispensable usefulness in the hospital times without number, saving lives which would otherwise have been lost, and winning the emphatic indorsement of hospital superintendents, physicians and surgeons, anesthetists, and all others who have had opportunity to witness its wonderful efficacy in restoring respiration. Its superiority for this purpose over manual methods is indisputable.

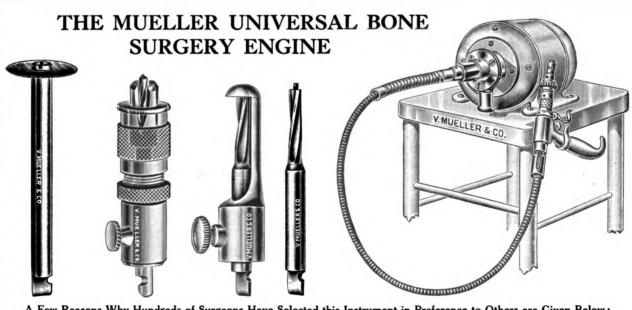
HOW MANY DO YOU NEED?

When you consider the fact that need for the use of the Lungmotor may arise simultaneuosly in several departments, it seems that every hospital should be prepared for emergencies, by having several of the machines on hand. In the operating room, where the patient may not rally properly from the anaesthetic; in the delivery room, where mother or child, or both, may need the Lungmotor; in such emergency cases as drowning or electric shock, brought to the hospital—the Lungmotor is the one thing meeting the need.

Don't Be Without It

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Boylston and Exeter Streets BOSTON, MASS.



A Few Reasons Why Hundreds of Surgeons Have Selected this Instrument in Preference to Others are Given Below:

- It is safe at all times the operating instrument is in action only when the finger is on the trigger.
- 2. The weight in the surgeon's hand is less than two pounds.
- The hand piece is held in comfort. Its pistol shape allows free action of the hand.
- The flexible shaft is made of sixteen strands of high-grade iano wire and will transmit ten times the power ever called for.
- 5. Sterilization by boiling the hand piece.

- 6. The motor is entirely enclosed and operates noiselessly.
- Any operative work requiring drill, saw or bur, whether sinus, transplant bone graft, bone plating, etc., can be done with the Mueller engine.
- Perfect speed regulation and operating at slow speed and with plenty of power, there is no danger of heating bone, a serious defect in some engines.

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Orthopedic Survey Made

New York Agencies Sponsor Extensive Investigation of Cripples and Facilities for Their Care

The results of an extensive survey of cripples of New York City has just been made public with the report of the investigation which was directed by Henry C. Wright of the Hospital and Institutional Bureau of Consultation. This survey was sponsored by a number of agencies interested in orthopedic cases.

The aim, according to the report, was to ascertain the number of persons crippled in New York by different causes, and the nature of care and treatment being given them, with the chief emphasis on the causes which produce cripples. Instead of surveying the entire city, which would have been a very large task, six typical districts, having an aggregate population of 110,000, was selected. In these districts a house-to-house canvass was made. In addition to the field canvass, the work of all organizations, hospitals and institutions dealing with cripples was examined to determine its character and scope.

The section of the report dealing with hospitals says that there are 1,278 beds available for orthopedic cases, including 278 soon to be provided. Facilities for the care of convalescents, however, are inadequate, as there are only 278 beds in four institutions devoted to this work. At least 500 more should be provided, according to the report.

An interesting item in connection with the survey was a study of end results among patients who were discharged from hospitals after an average stay of 12 days and those whose stay averaged 52 days. Two groups of 77 patients each were studied in connection with the length of stay in the hospital and the results following the early discharge were found to be entirely satisfactory.

"The conclusion might be drawn from the foregoing statement that it would be feasible to discharge orthopedic cases operated upon within a period of two weeks, and that as good end results would be obtained as though they were kept in the hospital for a period of at least 7 weeks," the report continues. "This probably is a fair conclusion as applied to the majority of cases, but there are other factors to take into consideration in addition to the end results. Under the conditions in which most New York families live, it is difficult to care for sickness in the home. To the extent that patients discharged after a period of two weeks still remain bed patients in their homes, they are a burden upon that home. It is strongly urged by some that a hospital is much more than a place in which operations are performed; that it is an institution designed not only to care for the needs of the patient, but also to relieve the home of the burden brought about by sickness.

"In other words, as to whether or not a patient needs to be cared for in a hospital may be more a social than a medical question, and the decision must be left in most cases with social agents. This decision involves an investigation and determination in each case as to whether or not the burden can be cared for in the home. It seems reasonably clear that patients can remain, if two agencies are provided—first, an adequate social agency to examine the homes and to supervise patients in the homes where they can be sent, and second, convalescing hospitals to be used for such cases as cannot wisely be sent home. Neither of these agencies is adequate in New York City at the present time."

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A Complete Line of
Supreme Quality
Surgical Gauze, Absorbent Cotton,
Bandage Rolls

Lewis Manufacturing Co.

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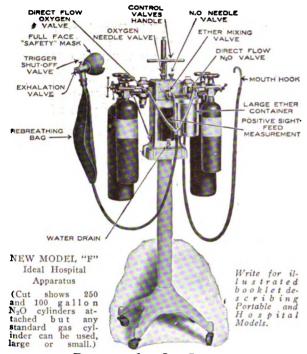
Kansas City



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Every hospital executive knows that errors in anaesthesia occur largely through the inability of anaesthetists to judge of the dosage and control the flow of the mixture; and this fault is a fault of the apparatus used, not of the persons using it.

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Reasons for Its Success

- It can be successfully op-erated by any competent anaesthetist.
- Once used the SUR-GEONS DEMAND it constantly.
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- 60 Gals. NO per HOUR.
- It does not, with ordinary care, get out of order.
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Used in Hundreds of Hospitals It Has a Place in Yours

There is a hospital near you which has had experience with the Safety Anaesthesia Apparatus, and we shall be glad to refer you to it for detailed information regarding our machine. Actual test of satisfied users is its best endorsement.

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	Please send me the name of one hospitals in this vicinity using your and full information concerning it, w ligation to me.	apparatus,			
	Hospital	•••••			
	Individual	•••••			
	Address				

Prices Continue to Fall

Gauze, Cotton and Some Canned Goods Prolong Downward Course; Rubber Goods Scarce

Whether or not supplies and equipment are at rock bottom prices is a question that is interesting hospital buyers at this time as many items have shown a tendency to hesitate in their downward course, while others are becoming more difficult to obtain.

Cotton and gauze, some textiles and certain lines of canned goods are reported by manufacturers and distributors as being likely to drop even lower. Glassware, rubber goods, blankets, sheets and pillow cases, and canned table fruit and vegetables, according to predictions, have about reached their lowest levels and the only immediate change in price looked for was a gradual increase.

There was practically no change noted in the price of enamelware since the previous month. Rubber gloves, hot water bottles and certain types of tubing were reported by some distributors as being scarce, while glass jars, particularly graduates, also were difficult to obtain. There was a slight improvement in the plate glass market.

Metal hospital furniture was reported to be available in any quantity desired, with corresponding improvement in prices over an earlier period when these articles were not so plentiful.

Cotton and gauze, which had continued to drop in cost for nearly two months, in mid-December showed no indication of steadying and further decreases were predicted.

There was a good supply of instruments available at some dealers and some were preparing to issue bulletins containing many bargains in these lines.

Blankets, sheets and pillow cases were quoted at practically the same figures as for the previous 30 days. A shortage of these was looked forward to in view of the difficulties many factories were in because of labor and financial conditions. One bright spot in the textile situation was the report that gingham used for nurses' uniforms might be expected to drop below 20 cents a yard, compared to 271/2 cents early in November and 221/2 cents December 15.

The restricted pack of table fruits and vegetables due to the scarcity of tin cans was given as the basis of a prediction that these items were to increase in price before long. Other lines of canned goods, however, were continuing to slump and there was no indication that they had reached their lowest figure.

Food Prices Decrease

Prices for food at the Indianapolis City Hospital have taken a decided drop, according to the following table, showing the cost of various items in November and December. The comparison, which is on prices of food of first quality, is as follows:

	November.	December.
Beef, per 1b		\$.1334
Smoked ham, per lb	353/4	.281/2
Fresh ham, per 1b		
Bacon, per 1b		.32
Spareribs, per lb		.191/2
Fresh link sausage, per 1b		.20
Pork loins, per lb	35	.22
Lard compound, per lb	173/4	.14
Dressed chicken, per lb	45	.38
Coffee, per lb		.18
Flour, per bbl		9.25
Corn meal, per 100 lbs	3.00	2.35
Sugar, per lb	12	.091/2

New Building for Lowell Hospital

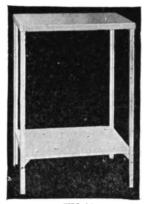
Dr. Forster H. Smith is superintendent of the new Lowell, Mass., Tuberculosis Hospital, whose new building was recently formally opened. The building cost \$300,000.

ALL-STEEL FURNITURE

Electrically and acetylene welded into ONE SOLID PIECE. No bolts, rivets, threads, or castings—just smooth, flush connections, where the fusion point is not even detectable. No joints to become loose and shaky—

no crevices to collect dust and dirt. This one-piece construction insures an indefinite period of durability.

> Betz Steel Furniture Is Unsurpassed in Construction, Workmanship and Finish



6HM791

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A Table Designed for the Doctor's Office,
Laboratory and for Hospitals

Angular steel legs, with Zinc top and steel shelf. Top has special zinc covering which can be removed, if desired; will not chip and is very easily cleaned. Makes an ideal bedside table. Size, 16x26.

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Cabinet
Stands 5 8
inches high
20 wide, 15
deep. Glass
shelves, sides
and door.
Nickel trimmed. Four
shelves,
Price, ea. \$70

This chair is constructed of tapered steel tubing, acetylene welded. Is an exact reproduction of a wooden chair but is more durable in construction and will last a life time.

6HM1113. All-steel Rest Chair

Price, each\$7.50, Dozen \$80.00

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DIX-MAKE UNIFORMS can now be purchased at lower prices than during the past year or more.

The lessened cost of materials make the present reductions possible, and we are glad to contribute our share in an effort to bring down the price of Uniforms to you.

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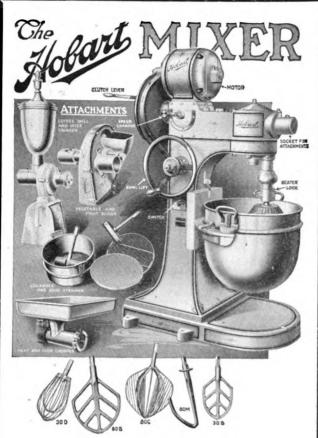
Every DIX-MAKE garment bears the DIX-MAKE label, and is sold by leading department stores nearly everywhere. Write us for Catalog "20" and a list of dealers.



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New York City



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The Hobart will do many more things for you. We have given you only a few suggestions.

The Kitchen Aid is a small machine which does on a small scale virtually the same things done by the Big Mixer.

Hobart Mixers advance quality of foods—increase quantity—effect big savings in costly ingredients—do away with confusion and promote cleanliness.

Write for Booklet A

The Hobart Manufacturing Company 47-67 Penn Ave., TROY, OHIO

Room for Every Patient

(Continued from Page 46)

writers show that 387 claims were made in a year for fire losses in hospital buildings. A report of Miss Lloyd Marshall, chairman of the committee on schools, hospitals and penal institutions of the National Fire Protection Agency, shows a very much larger number of fires which actually occurred. There were 607 fires actually occurred in hospitals and asylums in one year. That means there were eleven fires a week throughout the whole year in hospitals and asylums in the United States—and these are only reported fires. How many fires that may have been not reported can only be guessed. Small fires in hospitals are probably given as little publicity as possible. Hospitals are, therefore, placed in the same class as the most dangerous buildings we have, such as cotton mills, oil cloth plants and others which house dangerous occupations.

The problem is, therefore, what can we do to prevent fires in hospitals? Fire hazards are both from without and within. The hazard from the outside every one can see. Places where fires originate in hospitals are generally in kitchens or laundries. Another source is electric wiring. Heating plants in the same building with patients, especially high-pressure boilers, are sources of danger. A whistle to show when water is low in the high-pressure boiler is a safeguard. Paints and paint stores and all inflammable liquids should be kept outside the hospital building. Greasy and paint-covered rags are a great menace on account of spontaneous combustion. Waste paper and waste of all kinds which may be gathered together is one of our great sources of fire. Smoking in bed is another common cause of fire in a hospital.

What shall we do when a fire occurs? Authorities tell us that absolutely no dependence can be put on the ordinary fire-escape which is usually required by law. They often pass windows where fire soon renders them useless, and if you would try carrying any one on a stretcher down one of these fire-escapes you would soon see sow utterly useless they are.

Fire alarms probably cause more panic among patients and do more harm than good. If they are used at all, they should be low-toned and understood by the nurses only. Fire-fighting equipment of some kind is a necessity. It is equally important that the nurses should know how to use the apparatus. In many cases of fire the nurses and the employes are unfamiliar with the best methods of extinguishing a fire. Fire drills and lessons on extinguishing fires are necessary.

In conclusion I would say hospital superintendents, superintendents of nurses and doctors interested in hospitals should meet at least annually and discuss such problems as these for our mutual benefit and protection.

Improvements for Johns Hopkins

Johns Hopkins Hospital buildings, Baltimore, are to be extensively improved. The cost, with provision for endowment, will be between \$11,000,000 and \$12,000,000.

The plan for distribution for the money required follows: Out-patient or dispensary building, to provide for one of the greatest needs of the hospital, \$1,714,000.

Endowment for dispensary, \$1,000,000.

Extension of heating and power plant, or new plant, as needed \$100,000 to \$500,000.

needed, \$100,000 to \$500,000.

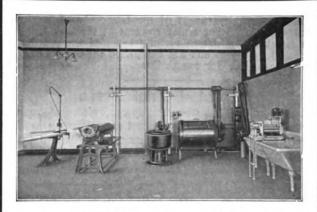
Addition to nurses' home to provide adequate living accommodations, social and class rooms, \$500,000.

Teaching building for school of nurses, \$250,000.

Endowment for school of nurses, \$750,000.

Convalescent branch, \$250,000; endowment, \$500,000; total, \$570,000.

Medical clinic for men and women suffering from general medical, nervous and skin diseases, modeled on the lines of the women's clinic, \$500,000; with endowment for medical clinic, \$1,500,000; total, \$2,000,000.



Install the complete equipment pictured above and you will find your laundry expense reduced to a fraction of its former cost. Also, you will then avoid the possibility of embarrassing delays through labor troubles.

Let us advise you just what equipment is suited to your special needs and furnish you an estimate.

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Readily Soluble Practically Free from Toxicity Easy of Administration

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The Hospital Kitchen Needs a CULINARY Machine-That Means the M61 Meteor

To buy as individual units the standard equipment combined in the M61 METEOR it would cost over \$1100.00.

The standard equipment of the M61 METEOR is equal to-

1 28 qt. mixing machine (1 to 30 lbs. dough)

1 24 qt. mayonnaise machine (with automatic 2 gal. oil feed)

1 large mashing and straining machine (plus the exclusive patented sanitary geared automatic METEOR roller. Will mash a barrel of potatoes in 15 minutes)

1 No. 12 electric meat chopper.

With the M61 METEOR all this equipment is combined in one unit for \$475.00 f. o. b. factory.

Investigation will show that the M61 METEOR is the only machine designed and built for Culinary use.

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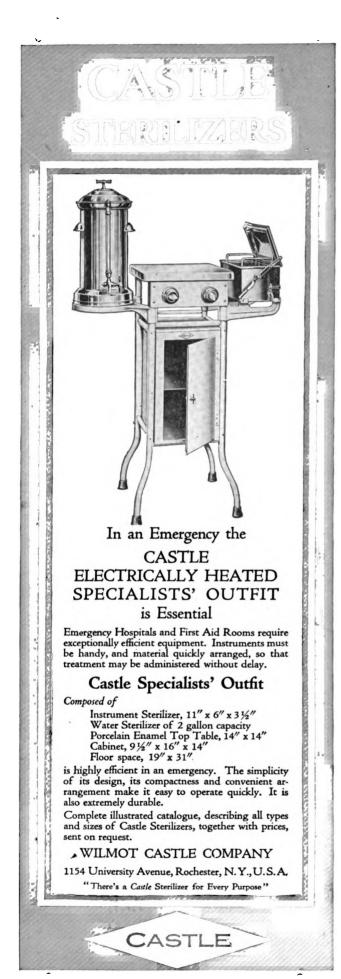
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M61 METEOR
Floor Space 25x16 Inches, Height 49
Inches



Nurse Anesthetist Appointed

Mrs. Louise Miller has been appointed full time anesthetist by the medical department of the University of Louisville to conduct classes for senior students at the City Hospital. The Kentucky legislature recently legalized the practice of anesthesia by nurses and has authorized the appointment of a nurse examiner for anesthetists.

Appointed Chief Nurse

Miss Alma Wrigley, who recently concluded post-graduate work in hospital and training school administration in New York, has been appointed chief nurse at the United States Government Hospital at Arrowhead Springs, Cal.

Hospital to Open in January

The Randolph County Hospital at Winchester, Ind., is to open soon after January 1. The building, which is of the most modern type, is practically ready for occupancy. Miss J. Moist has been appointed superintendent.

Superintendent Accepts New Position

Dr. Martin F. Sloan, who resigned as superintendent of the Eudowood, Md., Sanatorium, to make a tuberculosis survey for the government, has been succeeded by Dr. W. A. Bridges.

New Presbyterian Hospital Planned

Presbyterian Hospital, Philadelphia, of which Charles S. Pitcher is superintendent, recently purchased ground adjoining the institution on which will be erected a new building

Sanatorium Nearly Ready

Woodland Sanatorium at Woodland, Calif., soon will occupy its new building which was erected at a cost of \$125,000.



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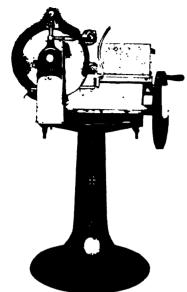
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Every moving part of the American Slicer is a perfect steel muscle guiding a huge butcher knife—the circular razor like knife of the American. Revolving over two and one half times to each reciprocation of the meat carriage, this knife gives you eleven and one quarter feet of cutting edge.

The mechanical action of the American is smooth and perfect. It surpasses the most skilled human arm for slicing because it eliminates waste, and cuts 50% more, and perfect slices to the pound.

We'll gladly tell you more about it.

American Slicing Machine on Pedestal

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Each Blood Counting Apparatus conforms with the specifications of the U. S. Bureau of Standards.

The Counting Chamber combines slides and supporting surfaces for the cover glass into one, eliminating the danger of loosening.

- 1. The construction entirely eliminates the cemented supporting surfaces for the following features:
- 2. The ruling produces increased visibility when in contact with solution.
- 3. The spacings of the ruling and the depth of the cell are guaranteed to be within the tolerance established by the U. S. Bureau of Standards, May 1, 1917.
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The Counting Chamber is furnished with the following rulings: Thoma, Tuerk, Zappert-Ewing, Neubauer and Fuchs-Rosenthal.

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Breakfast One Cent per Dish

Quaker Oats costs one cent per dish. Two eggs cost 8 cents—one chop costs 12 cents.

Quaker Oats yields 1810 calories of nutriment per pound. Round steak yields 890.

Quaker Oats costs $6\frac{1}{2}$ cents per 1,000 calories. Average meats cost 45c, fish 50c, eggs 60c.

Quaker Oats forms almost the ideal food in balance and completeness.

From 9 to 10 people can be fed on oats for the cost of feeding one on meat foods.

To make Quaker Oats the basic breakfast means better feeding and a great economy.

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The leading brand the world over because of its flavor. Flaked from queen grains only—just the rich, plump, flavory oats. We get but ten pounds from a bushel.

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S. S. White Apparatus for the administration of anesthetic gases are models of simplified mechanism and efficient operation. The essential features for insuring continuity of flow and for the precise control of Nitrous Oxid and Oxygen are common to our various styles of equipment.

S. S. White refilling stations located at convenient points in all sections of the country provide facilities for the prompt delivery of our gases anywhere.

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Industrial Hospitals, Physicians and Surgeons in general practice are getting splendid results with

Iocamfen is extensively used in Military Surgery in the management of deep, jagged, soiled and infected wounds, as well as by numbers of surgeons in charge of workers in large industrial

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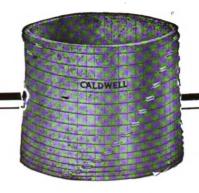
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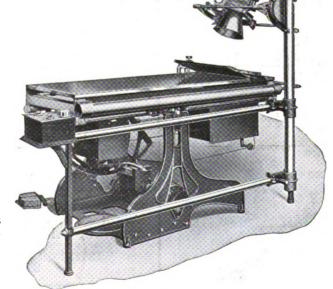
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Solves quickly and conveniently the ever present problem of what to select and prepare that sick folks can relish and enjoy.

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Gumpert's Chocolate Pudding is carefully made from milk, eggs, chocolate, cocoa, starch, salt and flavor—nothing added—nothing extracted but the water. High in caloric value—156 calories to the ¼ lb. portion. Easily prepared. Simply add water, sweeten to taste, boil and let cool in molds. Costs but 2c to make a ¼ lb. portion.

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watchful nurse carefully regulates the light to suit her patient's condition.

If the hospital uses ordinary shades, darkening room may mean checking ventilation. If it boasts Stewart Hartstwo-way horn shade equipment, light may be subdued to any degree

desired without interfering with the free inflow and outflow of air through the window.

Silent, smooth running, with perfect working parts, Hartshorn shade rollers, when used in connection with Oswego Tinted Cambric shade cloth, offer the most scientifically perfect shade-equipment in use today.

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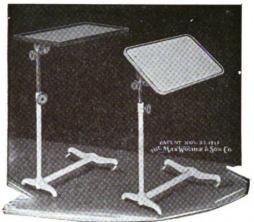
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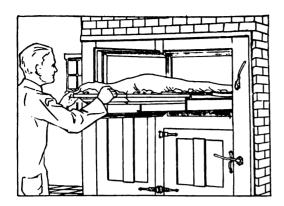
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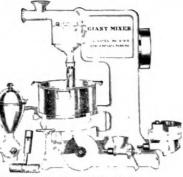
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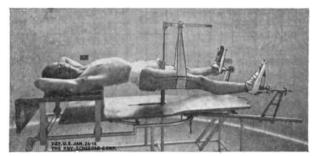
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The Chicago Lying-In Hospital offers a four months' postgraduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training.

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